

DIVISION OF LOCAL GOVERNMENT SERVICES
SHARED SERVICES AGREEMENT
COVER SHEET

PROVIDER: Hamilton Township COUNTY: Mercer

RECIPIENT: Hopewell Township COUNTY: Mercer

BRIEF DESCRIPTION OF SERVICE:

Health Care Services

EFFECTIVE DATE: January 1, 2017

EXPIRATION DATE: December 31, 2017

Please submit this cover sheet with shared service agreement either via email to EGG@dca.state.nj.us or hard copies may be mailed to the Division of Local Government Services at PO Box 803, Trenton, NJ 08625-0803. Mailed correspondence should be sent to the attention of Shared Services.

SHARED SERVICES AGREEMENT FOR HEALTH SERVICES
TOWNSHIP OF HAMILTON & TOWNSHIP OF HOPEWELL

January 1, 2017 to December 31, 2017

This Agreement made this **15th** day of **November, 2016**, by and between the **Township of Hamilton**, County of Mercer, a municipal corporation of the State of New Jersey, with principal offices located at 2090 Greenwood Avenue, P.O. Box 00150, Trenton, New Jersey 08650-0150; and the **Township of Hopewell**, County of Mercer, a municipal corporation of the State of New Jersey, with principal offices located at 201 Washington Crossing-Pennington Road, Titusville, New Jersey 08560;

Witnesseth that:

Whereas, the Township of Hopewell is responsible by law for the protection of public health and wishes to provide certain health services for its residents; and

Whereas, the Township of Hopewell desires to contract with the Township of Hamilton for provision of those health services; and

Whereas, the Township of Hamilton is agreeable to providing health services to the Township of Hopewell for a fee and upon certain specified conditions; and

Whereas, the *Uniform Shared Services and Consolidation Act, N.J.S.A. 40A:65-1, et seq.*, permits local units of this State to enter into a contract with any other local unit for the joint provision within their combined jurisdictions of any service which any party to the agreement is empowered to render within its own jurisdiction; and

Whereas, the Township of Hamilton and the Township of Hopewell have authorized and approved this Agreement by Resolution duly adopted pursuant to *N.J.S.A. 40A:65-1, et seq.*, of the *Uniform Shared Services and Consolidation Act*;

Now, Therefore, in consideration of the mutual agreements and covenants herein contained, the parties agree as follows:

1. **Scope of Services:** The Township of Hamilton agrees to provide to the Township of Hopewell, for the benefit of the residents of the Township of Hopewell, certain health services.
2. **Fees:** The fees payable by the Township of Hopewell to the Township of Hamilton for the performance of the services described in Paragraph One shall be as set forth in **Schedule A** annexed hereto.
3. **Billing and Payment:** The Township of Hamilton will issue monthly bills for services rendered to the Township of Hopewell. The bills will be issued by the fifteenth (15th) day of the succeeding month and will be payable within thirty (30) days of issuance.
4. **Liability:** The Township of Hamilton and the Township of Hopewell shall be responsible for acts of their own negligence consistent with the provisions of the *New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.*, arising out of or related to performance of any activity under the terms of this Agreement.
5. **Effective Date/Termination:** This Agreement shall be for twelve (12) months effective January 1, 2017 and ending December 31, 2017.
6. Each party shall notify the other in writing sixty (60) days before expiration of this agreement if it desires to continue services and negotiate a new contract for 2018.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals on the respective dates indicated below:

TOWNSHIP OF HAMILTON



 Kelly A. Yaede, Mayor

ATTEST:


 Eileen A. Gore, RMC, CMC, MMC
 Municipal Clerk

Dated: 2/21/17

TOWNSHIP OF HOPEWELL


 Kevin Kuchinski, Mayor

ATTEST:


 Laurie E. Gompf
 Municipal Clerk

Dated: 2/6/17

HAMILTON TOWNSHIP HEALTH SERVICES

FEE SCHEDULE - 2017

(Fees adopted under Ordinance 17-001)

AVAILABLE SERVICES:

1. **Exposure Control Plan:** Tailored to fit particular specifications, job descriptions, etc.

BBP Plan	\$300.00
TB Plan	\$300.00
Both Plans	\$500.00

2. **Bloodborne Pathogen/TB Training:**

- a. Includes all topics mandated by the PEOSHA regulations.
- b. Presented by a *Public Health Nurse and HIV Counselor/Health Educator*

Initial Training Session	\$500.00 for up to 30 employees \$ 10.00 per each additional employee over 30
Initial TB Training Only	\$250.00 for up to 30 employees \$ 10.00 per each additional employee over 30
Yearly Re-Training	\$300.00 for up to 30 employees \$ 10.00 per each additional employee over 30

3. **Hepatitis B Vaccine:**

- a. Administered with a physician's standing orders by a Public Health Nurse.
- b. Includes Hepatitis B Vaccine, following CDC guidelines.

Hepatitis B Vaccine	\$70.00/vaccination
Twinrix (Hepatitis A and Hepatitis B)	\$100.00/vaccination

4. **Mantoux Tuberculin Testing (PPD):**

- a. Administered with a physician's standing orders by a Public Health Nurse.
- b. Interpreted in 48 to 72 hours by a Public Health Nurse.

PPD Administration	\$25.00/employee
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5. **Sexually Transmitted Disease (S.T.D.) Clinic Services:**

- a. Services are available on Tuesdays, 9 a.m. to 12 p.m. at the Hamilton Township Division of Health.
- b. Services are conducted by a Public Health Nurse and S.T.D./HIV Counselor(s).

Contracted S.T.D. Clinic Visits	\$50.00 per patient as per contract.
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6. **Pneumonia/Flu:**

Non-township residents, Private Sector & Businesses	\$200.00
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7. **Blood Lead Investigations:**

Investigation and follow-up	\$60.00/hour
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8. **Child Health Conferences:**

Assessment, Counseling, Examination and Immunizations	\$75.00 per patient as per contract
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9. **Health Education Services:**

Assessment, Planning and Implementation	\$200.00/hour
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For further information, contact:

Jeffrey J. Plunkett, Health Officer (609) 890-5562
Giovanna Guarraggi, R.N., MSN, APN-BC, Administrative Director of Nursing
(609) 890-3883
Jill Belviso, PHN, R.N., BSN (609) 890-3837

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