

Countryside COMMITTEE

January 28, 2011

Action Agenda

1. **Request:** Permission to apply for the EQUAL grant

Rationale: The New York State Department of Health has announced the availability of funding under the new Enhancing the Quality of Adult Living (EQUAL) Program. This is a *guaranteed* grant of at least \$25,733.52 (based on the number of Safety Net recipients in 2009, and current). The application has to be returned to DOH by 2/4/2011 in order to receive the funds.

2. **Request:** Permission to sign the Siemens' report

Rationale: This is necessary to continue the contract and monitor the cost savings.

3. **Request:** Permission to do an RFP for laundry services at Countryside.

Rationale: We have been paying Westmount and by contracting out these services we will save a minimum of \$12,000.00 per year.

Old business/Pending Items

- 1) Committee to establish a sub-Committee to make the determination of the future of Countryside Adult Home and decide how to deal with the repercussions. (01.22.10)
- 2) Committee tabled discussion on request for a resolution to pursue a Social Adult Day Care Waiver from the State pending further statistical details regarding the demand for such services in Warren County. (04.23.10)
- 3) Mr. Dusek to research the invoices from Technical Building Services, as well as maintaining glycol relative to the boilers.
- 4) Hudson Headwaters concerns about contract rates.
- 5)

Topics for Discussion

1. Overtime – 104 hours for the past 2 pay cycles (including a holiday), ↓8.6 hours overall from last year's figures.
2. Current Census: 41 Residents
 - a. 16 Men, 25 Women
 - b. Average Age: 71.5
3. Referrals for the Month:
 - a. Referrals: (3)
 - b. Admissions/Discharges: (0) admission, (1) discharge
4. VA Aid & Attendance Applications
 - a. We are waiting to hear on (3) applications we have in to the VA.

- b. (6) Were denied...(3) went into a nursing home, (1) was denied because her spouse had another individual listed on his death certificate under "spouse", and (2) were denied because the veteran did not have war time service.
- c. We are still awaiting the proper paperwork (discharge papers from the VA, marriage licenses, death certificates) on the other (5) individuals.

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Countryside Adult Home

DATE: 1/26/2011

- (a) Purpose of Grant: To enhance the quality of care provided to our residents.
- (b) Name of Grantor: New York State Department of Health (EQUAL - Enhancing the Quality of Adult Living Program)
- (c) Address of Contractor: New York State Department of Health, Division of Assisted Living, Bureau of Licensure and Certification, 161 Delaware Avenue, Delmar, NY 12054
- (d) Grantor's Contact Person and Telephone Number: (518)408-1624
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? The grant application will be provided.
- (f) Effective Date of Grant: 4/1/2011
- (g) Termination Date of Grant: 12/31/2011
- (h) Total Dollar Amount Involved (not to exceed): \$29,753.04
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 2/20/2011
- (j) Is a Budget amendment required? NO If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? NO If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:



STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

January 20, 2011

DAL: DAL 11-03
Subject: Enhancing the Quality of Adult
Living (EQUAL) Program

Dear Operator:

The Department of Health is pleased to announce the availability of funding under the new Enhancing the Quality of Adult Living (EQUAL) Program. Operators of Adult Homes and Enriched Housing Programs who provide services to individuals receiving Supplemental Security Income (SSI) and/or Safety Net benefits (SN) are eligible for these payments. This program replaces the former Quality Incentive Payment Program (QUIP) and the EnAble Program.

The purpose of this program is to enhance the quality of care provided to residents. All facility operators that apply will receive a per person amount based on the number of SSI and Safety Net residents reported on their 2009 census. Additional funding will also be provided on a sliding scale to facilities with a capacity of 100 beds and under as outlined below. Use of program funds may include, but shall not be limited to: staff training, furnishings, equipment, maintenance or repairs to the facility, or expenditures related to a corrective action as required by the most recent inspection report.

Please complete the attached application, proposed spending plan, operator certification statements, and obtain and document the resident council approval form and return it to the address below. Note: Facility operators who do not wish to participate in the Program should complete the application heading and the *Decline to Participate* Section and return the application to the address below.

New York State Department of Health
Division of Assisted Living
Bureau of Licensure and Certification
161 Delaware Avenue
Delmar, New York 12054

Facility operators who participate in the program will receive an estimated per person payment as follows:

All facilities: \$380.02 per SSI or SN recipient

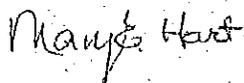
Additional Payments:

Facilities under 41 bed capacity:	\$616.94 per person
Facilities with a capacity between 41 – 60 beds:	\$334.80 per person
Facilities with a capacity between 61 – 80 beds:	\$259.90 per person
Facilities with a capacity between 81 – 100 beds:	\$207.05 per person

Applications are due within 30 days of the date of this letter.

Questions regarding this program should be directed to me or Dave Holupko at (518) 408-1624, or by e-mail at EQUAL@health.state.ny.us. We look forward to receiving your application.

Sincerely,



Mary E. Hart
Director
Division of Assisted Living

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Countryside Adult Home

DATE: 1/26/2011

- (a) Purpose of Request: Year Three Assurance Report Acceptance Affidavit

- (b) Details: Signature of document titled, "Client Acceptance of Annual Guaranteed Savings Report," regarding Siemens Building Technologies, Inc. energy performance contract.

- (c) Previous Resolution Number: 662 of 2009

Client Acceptance of Annual Guaranteed Savings Report Countryside Adult Home

Relative to the energy performance contract Annual Guaranteed Savings Performance Assurance Report for Year 3 presented by Siemens Building Technologies on July 30, 2010, I acknowledge that I am an authorized representative of Countryside Adult Home, and find that the Realized Annual Savings results for the Performance Year 3 are acceptable as presented.

I accept that the Accumulated Realized Annual Savings through Year 3 of the Agreement amounts to \$30,533 and that the Accumulated Guaranteed Savings goal of \$65,827 has been exceeded by \$28,108.

Authorized Client Signature

Authorized Individual's Name (Printed)

Title

Countryside Adult Home
Client Name

This affidavit was executed on the _____ day of _____, 2010

at _____, New York.

Sworn to before me this _____ day of _____, 2010

NOTARY PUBLIC

Cost of Doing Laundry at Westmount for 2010

# lbs	Cost (.56/lb)	Laundry Labor	Gas (Miles x Rate)	Gas Cost/Month	Maintenance Hrs x Hrly Rate	Maintenance Cost/Month
2956	\$1,655.36	\$1,138.91	46 x 2.1513 = 98.96	\$98.96	18hrs x 16.33 = 293.94	\$293.94
2635	\$1,475.60	\$1,138.91	40 x 2.1513 = 86.06	\$86.06	18hrs x 16.33 = 293.94	\$293.94
3242	\$1,815.52	\$1,138.91	36.9 x 2.2551 = 83.21	\$83.21	18hrs x 16.33 = 293.94	\$293.94
2887	\$1,616.72	\$1,138.91	0	0	18hrs x 16.33 = 293.94	\$293.94
2565	\$1,436.40	\$1,138.91	75.5 x 2.1745 = 164.17	\$164.17	18hrs x 16.33 = 293.94	\$293.94
2804	\$1,570.24	\$1,138.91	43 x 2.1699 = 93.31	\$93.31	18hrs x 16.33 = 293.94	\$293.94
2979	\$1,668.24	\$1,138.91	50 x 2.1699 = 108.50	\$108.50	18hrs x 16.33 = 293.94	\$293.94
2952	\$1,653.12	\$1,138.91	31.4 x 2.1037 = 66.06	\$66.06	18hrs x 16.33 = 293.94	\$293.94
2923	\$1,636.88	\$1,138.91	57.8 x 2.1699 = 125.42	\$125.42	18hrs x 16.33 = 293.94	\$293.94
2919	\$1,634.64	\$1,138.91	72.6 x 2.2895 = 166.22	\$166.22	18hrs x 16.33 = 293.94	\$293.94
2807	\$1,571.92	\$1,138.91	46.2 x 2.40 = 110.88	\$110.88	18hrs x 16.33 = 293.94	\$293.94
3292	\$1,843.52	\$1,138.91			18hrs x 16.33 = 293.94	\$293.94
34961						
Total lbs	\$19,578.16	\$13,666.92		\$1,102.78		\$3,527.28
					Estimated Gas for Dec	\$110.00
						\$37,985.14

✓
 \$33,245.08 (Amount Paid to Westmount for 2010)
 \$12,775.00 (Cost if we had gone with lowest bidder for 35,000lbs total)
 \$20,470.08 (Cost Savings - Approximate)

470 CONTRACTS

A.6030

2010

INVOICE DATE	VENDOR	P O #	INVOICE AMOUNT	CODE BALANCE	
2010 Budget				\$ 32,000.00	
01/31/10	FRANCIS OKEEFE WESTMOUNT LAUNDRY	NO PO	\$ 1,655.36	\$ 30,344.64	Jan-10 2956 lbs. @ \$0.56
02/28/10	FRANCIS OKEEFE WESTMOUNT LAUNDRY	NO PO	\$ 1,475.60	\$ 28,869.04	Feb-10 2635 lbs. @ \$0.56
03/31/10	FRANCIS OKEEFE WESTMOUNT LAUNDRY		\$ 1,815.52	\$ 27,053.52	Mar-10 3242 lbs. @ \$0.56
04/30/10	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,616.72	\$ 25,436.80	10-Apr 2887 lbs. @ \$0.56
05/31/10	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,436.40	\$ 24,000.40	10-May 2565 lbs. @ \$0.56
06/28/10	Siemens Contract #2600028990/2600029573	1017	\$ 12,927.00	\$ 11,073.40	annual
6/30/2010	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,570.24	\$ 9,503.16	Jun-10 2804 lbs. @ \$0.56
7/31/2010	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,668.24	\$ 7,834.92	July 2010 2979lbs. @ \$0.56
8/31/2010	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,653.12	\$ 6,181.80	August 2010 2952lbs. @ \$0.56
9/30/2010	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,636.88	\$ 4,544.92	September 2010 2923lbs. @ \$0.56
10/31/10	Francis O'Keefe Westmount Laundry	NO PO	\$ 1,634.64	\$ 2,910.28	October 2010 2919lbs. @ \$0.56
11/22/10			\$ 1,500.00	\$4,410.28	
12/1/10	Francis O'Keefe Westmount laundry	NO PO	\$ 1,571.92	\$2,838.36	November 2010 2807lbs. @ \$0.56

