

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

CHRISTIE SABO
DIRECTOR

TEL: (518) 761-6347
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HUMAN SERVICES COMMITTEE MEETING
Monday, March 31, 2014 at 10:15am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Edna Frasier

- II. Action Agenda
 - a) Resolution Request Form #12 Request to Fill Vacant Position
 - b) Resolution Request Form #12 Request to Fill Vacant Position
 - c) Resolution Request Form #12 Request to Fill Vacant Position
 - d) Resolution Request Form #3 Request New Contract
 - e) Resolution Request Form #4 Extend Contract
 - f) Resolution Request Form #4 Extend Contract
 - g) Resolution Request Form #4 Extend Contract
 - h) Authorization for OFA staff to attend ACUU Conference

- III. Old business/pending items- N/A

- IV. Current business- N/A

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department OFA Payroll Dept. No. 57.01 Include permission to backfill any resulting vacancies
Title of Position Meal Site Cook #8 Annual Salary \$15,112.50 Grade 2
Budget code and title A6773 130 Nutr Eld WC Salaries PT 25hrs/wk Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 12280
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 20% State % Other %
Impact to Budget: Longevity savings \$232.50

Personnel Officer has approved this form when initialed.

J. Steffea

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature

[Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature

Edna A. Trasien

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department OFA Payroll Dept. No. 57.00 Include permission to backfill any resulting vacancies

Title of Position Aging Services Assistant Annual Salary \$25,851 Grade 4

Budget code and title Various Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

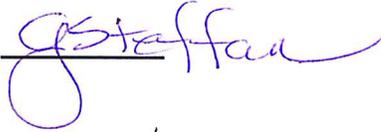
Employee No. 11887

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 75% State % Other %

Impact to Budget: Savings \$437 due to longevity

Personnel Officer has approved this form when initialed.



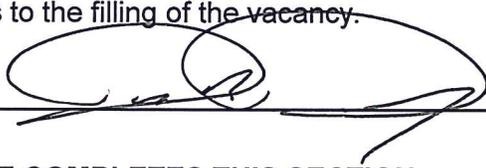
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14

The Administrator has no objection to the filling of the vacancy.

The Administrator objects to the filling of the vacancy.

Administrator Signature



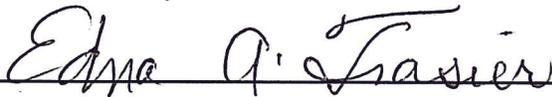
SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy.

Ranking Committee Member Signature



PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

The Personnel/Human Resources Committee has no objection to the filling of the vacancy.

The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department OFA Payroll Dept. No. 57.01 Include permission to backfill any resulting vacancies
Title of Position Meal Site Manager #1 Annual Salary \$18,135 Grade 2
Budget code and title A6773 130 Nutr Eld WC Salaries PT 30hrs/wk Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 7286
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 20% State % Other %
Impact to Budget: Savings \$6,149 due to longevity
Personnel Officer has approved this form when initialed. J. Steffan

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14
 The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services - OFA Date 3/31/14
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Trasier

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____
 The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
 The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 3/31/14

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To enter into a contract to receive reimbursement for meals provided to NYS Catholic Health Plan, Inc. d/b/a Fidelis Care New York members
- (c) Name of Contractor: NYS Catholic Health Plan, Inc. DBA Fidelis Care New York
- (d) Address of Contractor: 95-25 Queens Boulevard, Rego Park, NY 11374
- (e) Contractor's Contact Person and Telephone Number: JeriAnn Vincent, 518-445-3931
- (f) Has or will the Contract be provided, if so, please attach: see attached
- (g) Commencement Date of Contract: upon approval
- (h) Termination Date of Contract: annual, auto renewal
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount:

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **3/31/14**

- (a) Resolution No. which Authorized the Original Contract: 62 of 2012
- (b) Name of Contractor: **See attached CSE Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 4/1/2014
- (f) Termination Date of Extension: 3/31/15
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 63,510
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) Where are the Funds for this Contract? List Budget Code (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: Comm Services for Eld Warr County- Contract A.6778 470 \$ 45,010 / Comm Services for Eld Warr County- Legal/Transcript Fees A.6778 440 \$2,000/ Comm Services for Eld Ham County- Contract A6780 470 \$16,500

SCHEDULE "A"		A.6778 Community Services - Warren County		Subcontracts for 4/1/2014- 3/31/2015		Pd to Contractor		Contributions		Totals	
Subcontractor	Service Provided	State funds	County funds	Pd to Contractor	Contributions	TOTALS					
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$6,547.50	\$2,182.50	\$8,730.00		\$8,730.00					\$8,730.00
Glens Falls Assoc. for the Blind, Inc.	Services for the Blind	\$4,500.00	\$1,500.00	\$6,000.00		\$6,000.00					\$6,000.00
Greater Adirondack Home Aides, Inc.	In-Home Services	\$1,500.00	\$500.00	\$2,000.00	\$500.00	\$2,500.00					\$2,500.00
Greater Glens Falls Senior Citizens Ctr., Inc.	Outreach	\$19,875.00	\$6,625.00	\$26,500.00		\$26,500.00					\$26,500.00
Town of Horicon	Transportation	\$960.00	\$320.00	\$1,280.00		\$1,280.00					\$1,280.00
Tom Clements	Legal	\$1,500.00	\$500.00	\$2,000.00		\$2,000.00					\$2,000.00
TOTAL		\$34,882.50	\$11,627.50	\$46,510.00	\$500.00	\$47,010.00					\$47,010.00
A.6780 Community Services - Hamilton County											
Subcontracts for 4/1/2014- 3/31/2015											
Subcontractor	Service Provided	State Funds	Local Funds	Pd to Contractor	Contributions	TOTALS					
Glens Falls Assoc. for the Blind, Inc.	Services for the Blind	\$150.00	\$50.00	\$200.00		\$200.00					\$200.00
Hamilton County Public Nursing Service	In-Home Services	\$1,687.50	\$562.50	\$2,250.00	\$250.00	\$2,500.00					\$2,500.00
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$750.00	\$250.00	\$1,000.00		\$1,000.00					\$1,000.00
Home Health Care d/b/a Helping Hands	In-Home Services	\$8,062.50	\$2,687.50	\$10,750.00	\$250.00	\$11,000.00					\$11,000.00
Town of Long Lake	Transportation	\$1,350.00	\$450.00	\$1,800.00		\$1,800.00					\$1,800.00
TOTAL		\$12,000.00	\$4,000.00	\$16,000.00	\$500.00	\$16,500.00					\$16,500.00

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **3/31/14**

- (a) Resolution No. which Authorized the Original Contract: 202 of 2010
- (b) Name of Contractor: **See attached EISEP Schedule "A"**
- (c) Address of Contractor:
- (d) Contractor's Contact Person and Telephone Number:
- (e) Commencement Date of Extension: 4/1/2014
- (f) Termination Date of Extension: 3/31/15
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$ 322,452
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) Where are the Funds for this Contract? List Budget Code (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: EISEP Warren- Contract A.6788 470 \$ 176,726 / EISEP Hamilton- Contract A6789 470 \$145,726

SCHEDULE "A"

A.6788 EISEP - Warren County

Subcontracts for 4/1/2014- 3/31/2015

<i>Subcontractor</i>	<i>Service Provided</i>	<i>State funds</i>	<i>County funds</i>	<i>Pd to Contractor</i>	<i>Contribution</i>	<i>Totals</i>
Greater Adirondack Home Aides, Inc	Non-Medical In-Home Services, case management	\$126,169.50	\$42,056.50	\$168,226.00	\$4,500.00	\$172,726.00
Lifeline	Emergency Response System	\$3,000.00	\$1,000.00	\$4,000.00		\$4,000.00
TOTAL		\$129,169.50	\$43,056.50	\$172,226.00	\$4,500.00	\$176,726.00

A.6789 EISEP - Hamilton County

Subcontracts for 4/1/2014- 3/31/2015

<i>Subcontractor</i>	<i>Service Provided</i>	<i>State Funds</i>	<i>Local Funds</i>	<i>Pd to Contractor</i>	<i>Contribution</i>	<i>TOTALS</i>
Hamilton County DSS	Case Management	\$18,750.00	\$6,250.00	\$25,000.00		\$25,000.00
Home Health Care of Ham County, Inc.	Non-Medical In-Home Services	\$81,544.50	\$27,181.50	\$108,726.00	\$5,000.00	\$113,726.00
Lifeline	Emergency Response System	\$2,250.00	\$750.00	\$3,000.00		\$3,000.00
Resource Center for Independent Living	Adult Day Services	\$3,000.00	\$1,000.00	\$4,000.00		\$4,000.00
TOTAL		\$105,544.50	\$35,181.50	\$140,726.00	\$5,000.00	\$145,726.00

RESOLUTION REQUEST FORM NO. 4

Request for Extension of Existing Contract

DEPARTMENT NAME: **Office for the Aging**

DATE: **3/31/14**

- (a) Resolution No. which Authorized the Original Contract: 99 of 2013
- (b) Name of Contractor: **William Lane Associates, LLC**
- (c) Address of Contractor: PO Box 368, 15E Woodridge Dr, Delmar, NY 12054
- (d) Contractor's Contact Person and Telephone Number: William Lane Ph. 518-475-9605
- (e) Commencement Date of Extension: 4/1/2014
- (f) Termination Date of Extension: 3/31/15
- (g) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$5,000
 - iv) how will payments be made (i.e., monthly, quarterly, upon completion of the project, etc.
- (h) Where are the Funds for this Contract? List Budget Code (with Title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: A.6988 470 HIICAP - OFA - Contract \$5,000

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Human Services hereby authorizes S. Dornan, C. Cabana, R. O'Rourke
(Supervisory Committee) (Employee Name)

to attend Aging Concerns Unite Us (ACUU)
(Name of meeting or organization)

at Desmond Hotel, Wolf Road, Albany NY
(Address)

on 6/3 or 6/4 staff rotates. Mode of transportation to be used personal vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Personal use in Albany after conference

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 3/31/14



Department Head Signature

Date: 3/31/14



Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Human Services hereby authorizes Christie Sabo

(Supervisory Committee) (Employee Name)

to attend Aging Concerns Unite Us (ACUU)

(Name of meeting or organization)

at Desmond Hotel, Wolf Road, Albany NY

(Address)

on 6/3 & 6/4. Mode of transportation to be used personal vehicle

(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Personal use in Albany after conference

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ _____

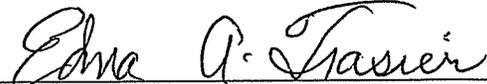
* www.gsa.gov

Date: 3/31/14



Department Head Signature

Date: 3/31/14



Committee Chairman Signature

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Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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1. Original with voucher to Auditor.
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