

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

CHRISTIE SABO
DIRECTOR

TEL: (518) 761-6347
FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
Friday, February 27th 2015, 9:30a.m.

Committee Members: Chair Edna Frasier, Dan Girard, Matt Sokol, Evelyn Wood, Ron Vanselow, James Brock, Rachel Seeber

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Resolution Request Form #3:** To enter into a new CSE contract with WCPH to provide health promotion services.
Rationale: Currently this contract was funded by Title IID but as of 4/1/14, per federal requirements, any program offered with Title IID funds has to meet the highest level of evidence based programming. Although the WCPH program did not meet the criteria the program is extremely important to seniors so I moved the contracts into this eligible funding stream (CSE).
 2. **Resolution Request Form #3:** To enter into a new CSE contract with HCPH to provide health promotion services.
Rationale: Currently this contract was funded by Title IID but as of 4/1/14, per federal requirements, any program offered with Title IID funds has to meet the highest level of evidence based programming. Although the HCPH program did not meet the criteria the program is extremely important to seniors so I moved the contracts into this eligible funding stream (CSE).
 3. **Resolution Request Form #4:** To renew CSE contracts with minor changes to individual contract amounts
Rationale: These contracts auto renew unless there is a material change and I wanted to make changes to the individual contract amounts.
 4. **Resolution Request Form #4:** To renew EISEP contracts and reflect the changes in Hamilton County providers
Rationale: These contracts auto renew unless there is a material change and I wanted to update the schedule to reflect the change in Hamilton County.
 5. **Resolution Request Form #3:** To enter into a new contract with HCDSS to provide case management services to CSE clients receiving in-home services.
Rationale: During our most recent AIP review NYSOFA noted that we did not show any CM funding for our Title IIIB, IIIE and CSE clients and this is a necessary component to the programs when providing PCI and PCII services.

6. **Resolution Request Form #3:** To enter into a new contract with HCDSS to provide case management services to IIIE clients receiving in-home services.
Rationale: During our most recent AIP review NYSOFA noted that we did not show any CM funding for our Title IIIB, IIIE and CSE clients and this is a necessary component to the programs when providing PCI and PCII services.
7. **Resolution Request Form #3:** To enter into a new IIIB contract with GAHA to provide case management services IIIB clients receiving in-home services.
Rationale: During our most recent AIP review NYSOFA noted that we did not show any CM funding for our Title IIIB and CSE clients and this is a necessary component to the programs when providing PCI and PCII services.

IV. Referral/pending items- N/A

V. Information for Discussion/Review - N/A

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments:

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To continue to provide health promotion services under a new funding stream**
- (c) Name of Contractor: **Warren County Public Health**
- (d) Address of Contractor: **1340 State Route 9, Lake George, NY 12845**
- (e) Contractor's Contact Person and Telephone Number: **Pat Auer, 761-6571**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **4/1/15**
- (h) Termination Date of Contract: **3/31/16**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$5,500**
 - 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: **A6778 470 Comm Svc Elderly- Warr- Contracts \$5,500****

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To continue to provide health promotion services under a new funding stream**
- (c) Name of Contractor: **Hamilton County Public Health**
- (d) Address of Contractor: **PO Box 250, White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Susan Franko 648-6497**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **4/1/15**
- (h) Termination Date of Contract: **3/31/16**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$3,313**
 - 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: **A6780 470 Comm Svc Elderly- Ham- Contracts \$3,313****

Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 2/27/14

- (a) Purpose of Contract Change: **Extension of current CSE contracts with small adjustments to individual contracts amounts to reflect actual usage**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **193 of 2014**
- (c) Name of Contractor: **see Attachment A- CSE**
- (d) Address of Contractor: **see Attachment A- CSE**
- (e) Contractor's Contact Person and Telephone Number: **see Attachment A- CSE**
- (f) Commencement Date of Extension: **4/1/15**
- (g) Termination Date of Extension: **3/31/15**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$54,510**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A6778 470 Comm Svc Elderly- Warr Contracts \$49,010 A6780 470 Comm Svc Elderly- Ham Contracts \$5,500**

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

SCHEDULE "A"		A.6778 Community Services - Warren County		Subcontracts for 4/1/2014- 3/31/2015					
Subcontractor	Service Provided	State funds	County funds	Pd to Contractor	Contributions	Totals			
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$4,297.50	\$1,432.50	\$8,730.00		\$5,730.00			
Glens Falls Assoc. for the Blind, Inc.	Services for the Blind	\$4,500.00	\$1,500.00	\$6,000.00		\$6,000.00			
Greater Adirondack Home Aides, Inc.	In-Home Services	\$5,250.00	\$1,750.00	\$7,000.00	\$500.00	\$7,500.00			
Greater Glens Falls Senior Citizens Ctr., Inc.	Outreach	\$19,875.00	\$6,625.00	\$26,500.00		\$26,500.00			
Town of Horicon	Transportation	\$960.00	\$320.00	\$1,280.00		\$1,280.00			
Tom Clements	Legal	\$1,500.00	\$500.00	\$2,000.00		\$2,000.00			
TOTAL		\$36,382.50	\$12,127.50	\$51,510.00	\$500.00	\$49,010.00			
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			
Hamilton County Public Nursing Service	In-Home Services	\$1,687.50	\$562.50	\$2,250.00	\$250.00	\$2,500.00			
Warren/Hamilton Counties A.C.E.O., Inc.	Handyman Program	\$750.00	\$250.00	\$1,000.00		\$1,000.00			
Town of Long Lake	Transportation	\$1,350.00	\$450.00	\$1,800.00		\$1,800.00			
TOTAL		\$3,937.50	\$1,312.50	\$5,250.00	\$250.00	\$5,500.00			

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Purpose of Contract Change: **Extension of current EISEP contracts with adjustments to remove contracts in Hamilton County.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **194 of 2014**
- (c) Name of Contractor: **see Attachment A- EISEP**
- (d) Address of Contractor: **see Attachment A- EISEP**
- (e) Contractor's Contact Person and Telephone Number: **see Attachment A- EISEP**
- (f) Commencement Date of Extension: **4/1/15**
- (g) Termination Date of Extension: **3/31/16**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$204,726**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A6788 470 EISEP- Warr- Contracts \$176,726 A6789 470 EISEP- Ham- Contracts \$28,000**

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

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
Lifeline	Emergency Response System	\$2,250.00	\$750.00	\$3,000.00		\$3,000.00
TOTAL		\$21,000.00	\$7,000.00	\$28,000.00	\$0.00	\$28,000.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide case management services to clients receiving home care under CSE**
- (c) Name of Contractor: **Hamilton County Department of Social Services**
- (d) Address of Contractor: **PO Box 725, White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Roberta Bly 648-6131**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **4/1/15**
- (h) Termination Date of Contract: **3/31/16**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$2,750**
 - 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: **A6780 470 Comm Svc Elderly- Ham- Contracts \$2,750****

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide case management services to clients receiving home care under Title IIIE**
- (c) Name of Contractor: **Hamilton County Department of Social Services**
- (d) Address of Contractor: **PO Box 725, White Birch Lane, Indian Lake, NY 12842**
- (e) Contractor's Contact Person and Telephone Number: **Roberta Bly 648-6131**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **4/1/15**
- (h) Termination Date of Contract: **12/31/15 (auto renew on 1.1 to 12.31 FFY)**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$3,750**
 - 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: **A6780 470 Comm Svc Elderly- Ham- Contracts \$2,750 A6795 470 Title IIIE OFA contracts \$3,750****

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 2/27/15

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To provide case management services to clients receiving home care under Title IIIB**
- (c) Name of Contractor: **Greater Adirondack Home Aides**
- (d) Address of Contractor: **25 Willowbrook Suite 4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Julie Smith 926-7070**
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: **4/1/15**
- (h) Termination Date of Contract: **12/31/15 (auto renew on 1.1 to 12.31 FFY)**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$3,000**
 - 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: **A6772 470 Office for the Aging- contracts \$3,000****

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

*as listed in budget and LOGOS