

SOCIAL SERVICES COMMITTEE  
COUNTRYSIDE ADULT HOME  
AGENDA  
9/25/15

Committee Members: Simpson, Wood, Sokol, Frasier, Strough, Vanselow, Seeber

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
  1. **Request to:** Renew contract with HHHN for employee physicals & PPD testing in the amount of \$100/physical and \$15/PPD. This will be a two year contract.  
**Rationale:** DOH requires that all new employees have a physical & PPD testing prior to hire, and that all existing employees have annual physicals, and PPD testing every two years.
  2. **Request to:** Reclassify (2) positions at Countryside Adult home.  
**Rationale:** The job description enacted in 2005 did not accurately describe the responsibilities of the individuals in the position. This would be a budget neutral change and effective in January of 2016.
  3. **Request to:** Enter into contract with Prime Health Choice to provide social day care services to its' participants.  
**Rationale:** This would provide the facility with an outside referral agency, and possibly increase revenue.
- IV. Referral/Pending Items
- V. Information for Discussion/Review
  1. Overtime Report for 2015
  2. 2016 Budget
  3. Admitting residents from other Counties to increase census.  
(List here budget reports, annual reports, project reports, business activity, updates, photos of projects, etc. - whatever you normally report on to Committee)
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VI. Motion to adjourn

Attachments  
Overtime Report for 2015  
2016 Budget

(List attachments by number relating to the above cited regular items)

# **RESOLUTION REQUEST FORM NO. 3**

## **Request for New Contract**

**DEPARTMENT NAME: COUNTRYSIDE ADULT HOME**

**DATE: 09/25/2015**

- (a) Is this a Result of a Bid or Request for Proposal?  
**NO**
- (b) Purpose of Contract:  
**Allow Countryside Adult Home to be listed as a provider for Prime Health Choice, a managed long term care plan (MLTCP).**
- (c) Name of Contractor:  
**Prime Health Choice**
- (d) Address of Contractor: **3125 Emmons Avenue, Brooklyn, NY 11235**
- (e) Contractor's Contact Person and Telephone Number:  
**Meg Wallingfor PH#(518)488-7133**
- (f) Has or will the Contract be provided, if so, please attach:  
**Attached**
- (g) Commencement Date of Contract:  
**11/1/2015**
- (h) Termination Date of Contract:  
**Upon Written Notice**
- (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.  
**N/A**
- (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:**

**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. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: COUNTRYSIDE ADULT HOME**

**DATE: 9/25/2015**

- (a) Purpose of Contract Change: **RENEW CONTRACT WITH HUDSON HEADWATERS HEALTH NETWORK - EMPLOYEE PHYSICALS**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **RESOLUTION 631 OF 2013**
- (c) Name of Contractor: **HUDSON HEADWATERS HEALTH NETWORK**
- (d) Address of Contractor: **9 CAREY ROAD, QUEENSBURY, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **ANDREA CALCAVECCHIA PH#(518)761-0300, EXT. 31557**
- (f) Commencement Date of Extension: **JANUARY 1, 2016**
- (g) Termination Date of Extension: **DECEMBER 31, 2017**
- (h) 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. **\$100/PHYSICAL AND \$15/PPD**)
- (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: A6030.435 COUNTRYSIDE ADULT HOME MEDICAL FEES**

**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. 14***

## ***Request to Reclassify Position***

**DEPARTMENT NAME: COUNTRYSIDE ADULT HOME**

**DATE: September 25, 2015**

- (a) Title of Reclassified Position: **Senior Aide Adult Home**
  
- (b) Annual Salary of Reclassified Position (and Grade if Applicable):\* **\$39,287 Gr7**  
\*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
  
- (c) Title and Employee Number of Position to be Deleted:  
**The position of Charge Aide Grade 5 will not be deleted.**
  
- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):\*  
\*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
  
- (e) Effective Date:\* **1/1/16**  
\*Please do not backdate unless the purpose is to correct an error.
  
- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:  
  
**A.6030.110 - Full Time Salaries**
  
- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:\*  
\*This is necessary **BEFORE** bringing the request to committees.

**Yes**

# ***RESOLUTION REQUEST FORM NO. 14***

## ***Request to Reclassify Position***

**DEPARTMENT NAME: COUNTRYSIDE ADULT OME**

**DATE: September 25, 2015**

- (a) Title of Reclassified Position: **Senior Aide Adult Home**
  
- (b) Annual Salary of Reclassified Position (and Grade if Applicable):\* **\$38,787 Gr7**  
\*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
  
- (c) Title and Employee Number of Position to be Deleted:  
**The position of Charge Aid Grade 5 will not be deleted.**
  
- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):\*  
\*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, **including longevities**, for any **existing** employee who is filling the position.
  
- (e) Effective Date:\* **1/1/16**  
\*Please do not backdate unless the purpose is to correct an error.
  
- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:  
  
**A.6030.110 - Full Time Salaries**
  
- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:\*  
\*This is necessary **BEFORE** bringing the request to committees.

**Yes**

Countryside Adult Home - Overtime Report

Week Ending	2015		2014		2013		2012		2011		2010		Includes Holiday	Net Difference from 2015	Difference to Date from 2015	1st Shift Hours [OT]	2nd Shift Hours [OT]	3rd Shift Hours [OT]
	Hours	OT	Hours	OT	Hours	OT	Hours	OT	Hours	OT	Hours	OT						
01/12/15	86	99.5	97.5	91.5	75.5	91.5	102	New Years	-13.5	-13.5	1335[44.5]	222[23.5]	313.7[18]					
01/27/15	78.8	95.0	87	4.5	12.5	10.9	Martin Luther King	-16.2	-29.7	1320.4[38]	283.5[23]	270[17.8]						
02/10/15	21	17.0	6	81.4	84.6	127		4.0	-25.7	1284[0]	329.5[11]	272[10]						
02/24/15	92.5	92.8	113	0	3	27.8	Presidents Day	-0.3	-26.0	1213.5[38]	303.5[28.5]	286[26]						
03/10/15	0	0.0	15.5	80.5	89	169		0.0	-26.0	1246	290.8	248						
03/24/15	5	12.0	0	8	4.5			-7.0	-33.0	1260.5[5]	357.7	248						
04/07/15	18	7.0	14.2	12.5	7	34.3		11.0	-22.0	1334[18]	342.5	254						
04/21/15	10.5	15.5	0	0	0.9	11.5		-5.0	-27.0	1329.5[2.5]	268.2[8]	259						
05/05/15	13	0.0	8	14	13	23		13.0	-14.0	1339	283.5	259[13]						
05/19/15	16	0.0	4	16	10.4	9.5		16.0	2.0	1300.5	286[16]	289						
06/02/15	71	79.0	82	5.5	0.4	13	Memorial Day	-8	-6.0	1321.8[26.5]	292[28.5]	254[16]						
06/16/15	8	1.5	4	97	95	118		6.5	0.5	1331.9[4]	276[4]	248						
06/30/15	0	0.0	3	0	3.5	55		0.0	0.5	1305.5	305.8	274						
07/14/15	99.5	76.5	81.5	8.5	9.5	95.5	Independence Day	23.0	23.5	1308.5[51.5]	321.5[28.5]	321.5[19.5]						
07/28/15	2	0.0	8	93	114	56		2	25.5	1329[2]	313	250						
08/11/15	15	0.0	2	29.4	8	4.9		15.0	40.5	1310.5	311.5[15]	252						
08/25/15	0	0.0	3.5	8	12.5	13.5		0	40.5	1303.4	340.5	264						
09/08/15	75.5	82.0	86.5	0	41.9	39.5	Labor Day	-6.5	34	1315[38]	297[19.5]	278[18]						
09/22/15	4.0	8.5	93.5	114	103													
10/06/15	0.0	0.0	0	0	0	10.5												
10/20/15	82.0	82.5	8	0	22	Columbus Day												
11/03/15	0.0	0	80.5	89.9	89.5													
11/17/15	78.0	85	26	23.5	15	Veteran's Day												
12/01/15	86.0	81	93	88.2	122	Thanksgiving												
12/15/15	0.0	3	107	101	130													
12/29/15	85.0	79	2	0	70.3	Christmas												
	86.0	95.5	99.5	99.5	129													
<b>TOTAL</b>	<b>611.8</b>	<b>998.8</b>	<b>1050</b>	<b>1035</b>	<b>1121</b>	<b>1605</b>												