

WARREN-HAMILTON COUNTIES  
**OFFICE FOR THE AGING**  
1340 STATE ROUTE  
LAKE GEORGE, NEW YORK 12845  
TEL: (518) 761-6347 ♦ FAX: (518) 761-6344

**HUMAN SERVICES COMMITTEE MEETING**  
**OFFICE FOR THE AGING AGENDA**  
**March 22, 2017 9:00AM**

Committee Members: Chairman Edna Frasier, Matthew MacDonald, Ron Vanselow, Ronald Montesi, Claudia Braymer, Peter McDevitt, Craig Leggett

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
  1. **Request:** Enter into MOU with Warren and Hamilton County Departments of Social Services, more specifically, Adult Protective Services, to work together to provide services to the older populations of Warren and Hamilton Counties.  
**Rationale:** Currently, we have a great working relationship with both departments, however the New York State Office for the Aging (NYSOFA) and Office of Children and Family Services (OCFS), have sent written directives that we should have a written agreement.
  2. **Request:** Permission to submit grant application for NY Connects Expansion and Enhancement Program in the amount of \$110,190.00  
**Rationale:** This is funded 100% between Federal and State monies, and allows us to enhance the services provided to our seniors under the NY Connects program.
  3. **Request:** Permission for RoseAnn O'Rourke and Deanna Park to attend the ACUU (Aging Concerns Unite Us) conference being held June 6<sup>th</sup> and 7<sup>th</sup>, in the amount of \$390 total.  
**Rationale:** The New York State Office for the Aging (NYSOFA) strongly encourages the local offices to attend this conference. Due to the fact that there are several programs offered concurrently, it is beneficial to have two individuals attend. The monies are in the budget and a fleet vehicle will be used.
  4. **Request:** Amend Resolution 19 of 2016 to increase amount of EISEP (Expanded In-Home Services for the Elderly Program) contract with Hamilton County Public Health Nursing from \$50,000 to \$65,000, to better meet the needs of Hamilton County residents.  
**Rationale:** This has been approved by the Chairman of the Hamilton County Board of Supervisors, and is funded between Federal, State and Hamilton County.
- IV. Referral/pending items- N/A
- V. Information for Discussion/Review -
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

# *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: OFFICE FOR THE AGING**

**DATE: 3/17/2017**

- (a) Purpose of Request: **MOU with Warren County Department of Social Services.**
- (b) Details: **NYSOFA(New York State Office for Aging) and OCFS(Office of Children and Family Services), have asked that we have an MOU stating the Office for the Aging and Adult Protective Services will work together to best assist our vulnerable older adults. This relationship does already exist, but this would be a formal document.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **No Financial Impact.**

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# ***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: Warren/Hamilton Counties Office for the Aging**

**DATE: 3/10/2017**

- (a) Purpose of Request: **Submit application for grant funding for the NY Connects Expansion and Enhancement program for program year 1/1/17-3/31/18.**
- (b) Details: **This grant funding allows us to have an additional staff person in NY Connects, as well as contract with Warren County Adult Protective to assist with answering the NY Connects phone line. It also provides for supplies, training, travel expenses for the NY Connects program.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:

**Sample: A.8021 470 Planning & Community Development – Contract**

**\* as listed in budget and LOGOS**

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 Committee hereby authorizes Deanna Park  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

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

at The Desmond Hotel, 660 Albany Shaker Road, Albany, NY 12211  
\_\_\_\_\_  
(Address)

on Juen 6<sup>th</sup> & 7<sup>th</sup> 2017. Mode of transportation to be used Fleet Vehicle  
\_\_\_\_\_  
(Dates) (County Vehicle or Mass Transportation)

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

\_\_\_\_\_

**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](http://www.gsa.gov)

Date: 3/10/17

  
\_\_\_\_\_

Department Head Signature

Date: \_\_\_\_\_

\_\_\_\_\_ Committee Chairman Signature

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

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

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\*\*\*\*\*

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 Committee hereby authorizes RoseAnn O'Rourke  
\_\_\_\_\_  
(Supervisory Committee) (Employee Name)

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

at The Desmond Hotel, 660 Albany Shaker Road, Albany, NY 12211  
\_\_\_\_\_  
(Address)

on June 6<sup>th</sup> & 7<sup>th</sup> 2017. Mode of transportation to be used Fleet Vehicle  
\_\_\_\_\_  
(Dates) (County Vehicle or Mass Transportation)

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

**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](http://www.gsa.gov)

Date: 3/10/17

  
\_\_\_\_\_  
Department Head Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman Signature

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

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

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Order Form

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To Start Your Order  or

ACUU Conference 2017

The 21st annual Aging Concerns Unite Us (ACUU) conference brings together New York's Aging and Disability Network to address issues on aging and shares best practices to support healthy living for New Yorkers as they grow older. ACUU attracts hundreds of professionals from all regions of New York State who are devoted to coordinating and providing quality services to those who are aging in New York.

Registration Package Selection Price

Select one of the following choices. Early-bird rate ends May 5. Please note that we are not hosting a dinner at ACUU 2017.

- Pkg. A- ACUU (Full Conference: Includes all workshops, Tue/Wed lunch & Wed. continental breakfast) \$195.00
- Pkg. B- ACUU (Tuesday Only: Includes Tues. workshops & lunch) \$100.00
- Pkg. C- ACUU (Wednesday Only: Includes Wed workshops & lunch) \$100.00

Organizational Information Price

Please select one of the following, which best describes your organization category.

- Area Agency on Aging (AAA)
- Alzheimer's Care Provider
- Companion Care Organization
- Faith-based Organization
- Government Agency/Legislature
- Healthcare organization/provider
- Independant Living Center
- Intellectual and Developmental Disability Services
- Managed Care Organization
- Nutrition Service Provider
- Senior Center
- Social Adult Day Care Provider
- Other - if none of the above apply to you

Terms and Cancellation Policy Price

Cancellations must be made in writing by June 1, 2017 and refunds are subject to a \$30 processing fee per person. Cancellations after June 1 will not be refunded. Registration substitutions are permitted until June 1. Please notify us in writing of any registration changes by sending an email to registration@agingny.org.

**PHOTOGRAPHY POLICY**

Each registrant grants the Conference permission to photograph participants in any session, and to use such photographs and the names of attendees in any materials which either represent the proceedings of the Conference or promote future Conferences.

Conference Location Price

Hotel Information: The Desmond Hotel and Conference Center - 660 Albany Shaker Rd., Albany, NY 12211 (518) 869-8100 FAX (518) 869-7659

# ***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: OFFICE FOR THE AGING**

**DATE: March 17, 2017**

- (a) Purpose of Request: **Amend Resolution 119 of 2016**
- (b) Details: **Increase amount of contract with Hamilton County Public Health Nursing to \$65,000 for EISEP(Expanded In-Home Services for Elderly Program) to better meet the needs of Hamilton County residents.**
- (c) Previous Resolution Number: **119 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A.6789 - EISEP - Hamilton County**

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

# **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: OFFICE FOR THE AGING**

**DATE: March 23, 2017**

- (a) Purpose of Request: **Amend Resolution 120 of 2016**
- (b) Details: **Increase hourly rate for Hamilton County Public Nursing Services under Title III E from the 2009 rate of \$30.31 to \$37.43, and following the Medicaid rates for all other services.**
- (c) Previous Resolution Number: **120 of 2016**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A6795.10.470 - III E Family Caregiver Support Program**

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS