

WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING
1340 STATE ROUTE ♦ LAKE GEORGE, NY 12845
PH#(518)761-6347 ♦ FAX#(518)761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
November 18, 2019 11:00AM

Committee Members: Chairman Edna Frasier, Peter McDevitt, Claudia Braymer, Craig Leggett, William Loeb, Bennet Driscoll, Cynthia Hyde, Brad Magowan, Matthew Sokol

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Request:** Amend lease contract with Cedars (Summit Properties) to increase annual reimbursement to \$15,383.00.
Rationale: WHCOFA prepares meals for the Glens Falls, Queensbury area out of this location.
 2. **Request:** Submit 2019-2020 MIPPA grant application in the amount of \$23,049.00.
Rationale: The MIPPA(Medicare Improvements for Patients and Providers Act) grant is used to cover expenses related to the State Health Insurance Assistance Program (SHIP) provided by the WHCOFA. This grant is 100% funded, covers the period of 9/30/2019-9/29/2020, and is due on November 22, 2019(released 10/21/19).
 3. **Request:** Enter into contract with Orkin for Pest Control services at the meal site locations, in the amount of \$225/per call.
Rationale: It is advisable to have a contract with a pest control company in case there are issues with pests/rodents at the meal sites.
 4. **Request:** Request to fill "Service Specialist, OFA" position, Grade 10, Base Salary of \$37,633.00
Rationale: We currently have an employee in the "Aging Services Assistant" position that was doing the same work as the "Service Specialists." The employee did not qualify for the higher grade position until just recently when she reached her 3 year mark. We will not be requesting to fill the position that will be vacated. This position is in the budget and has been open since 7/13/18.
 5. **Request:** Transfer \$6,925 from A.6771.470 Hamilton County Contracts to A.6771.110 Hamilton County Full Time Salaries (\$5,125.00) and A.6771.130 Hamilton County Part Time Salaries (\$1,800.00).
Rationale: Funds will be needed to cover salary expenses through the end of the year.

Referral/pending items- None

- IV. Information for Discussion/Review
 - a) We recently had an issue where the gas was shut off to the Cedars meal site, due to a leak. We would like to thank Countryside Adult Home for "cooking" the necessary items that were needed in order for us to continue providing meals to the seniors of Queensbury and Glens Falls during this time.
 - b) Cedars is requesting approval for us to pay \$1,859.54 to install 3 new outlets for our meal transporters. They will not allow us to use the existing outlets.
- V. Privilege of the floor to discuss any additional items to come before the Committee.
- VI. Motion to adjourn

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: October 25, 2019

- (a) Purpose of Contract Change: **Amend contract with Cedars (Summit Properties), to increase annual reimbursement to \$15,383.00**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
- (c) Name of Contractor: **Cedars I, LP**
- (d) Address of Contractor: **7 Aspen Drive, Suite1, South Burlington, VT 05403**
- (e) Contractor's Contact Person and Telephone Number: **John Hunt, PH#(802)846-5430, ext 2**
- (f) Commencement Date of Extension: **1/1/2020**
- (g) Termination Date of Extension: **12/31/2021; With automatic one year renewals, as long as there are no monetary changes.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$15,383.00**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**)
- (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: **A.6772.470 Warren County Contracts****

**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. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging

DATE: 11/12/2019

- (a) Purpose of Grant: **MIPPA (Medicare Improvements for Patients and Providers Act)**
- (b) Name of Grantor: **NYSOFA (New York State Office for the Aging)**
- (c) Address of Contractor: **Two Empire State Plaza, 4th Floor, Albany, NY 12223-1251**
- (d) Grantor's Contact Person and Telephone Number:
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached**
- (f) Effective Date of Grant: **9/30/2019**
- (g) Termination Date of Grant: **9/29/2020**
- (h) Total Dollar Amount Involved (not to exceed): **\$23,049.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
11/22/2019(released 10/21/19)
- (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? **N/A** 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, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and 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

APPLICATION FOR MIPPA FUNDING

Program Period: September 30, 2019 to September 29, 2020

Funded under grant from the Administration for Community Living

Instructions: Please complete the following informational form and submit one (1) original signed copy in PDF format to:

Mattie Everett

MIPPA@aging.ny.gov

New York State Office for the Aging

Two Empire State Plaza, 4th Floor, Albany, NY 12223-1251

Area Agency: Warren/Hamilton Counties Office for the Aging

Director: Deanna Park

Address: 1340 State Route 9

Lake George, NY 12845

HIICAP Coordinator: Hanna Hall

HIICAP Coordinator Phone Number: (518)824-6654

Email Address: hallh@warrencountyny.gov

Mailing address (if different from the AAA):

NY Connects Coordinator: Susan Dornan

NY Connects Coordinator Phone Number: (518)824-8814

Email Address: dornans@warrencountyny.gov

Mailing address (if different from the AAA):

Amount Requested: \$23,049.00

TERMS AND CONDITIONS: The undersigned agrees with respect to any funds received under this grant to comply with all applicable federal, state and local laws, Program Instructions, regulations and standards, and that the project will be administered in accordance with the programmatic and fiscal provisions as described in the approved application.

The person authorized to enter into Agreement with the New York State Office for the Aging should sign below.

Name: Ronald Conover

Title: Chairman of the Warren County Board of Supervisors

Signature: _____

Date: _____

**MEDICARE IMPROVEMENTS FOR
PATIENTS AND PROVIDERS PROGRAM (MIPPA)
AAA Budget**

AAA: Warren/Hamilton Counties Office for the Aging
Program Period: 9/30/19-9/29/20

19-PI-27

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 14,253.00	\$ 6,542.00	\$ 2,723.00	\$ 4,988.00
2	Fringe Benefits	\$ 6,556.00	\$ 3,009.00	\$ 1,253.00	\$ 2,294.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 240.00	\$ 2.00	\$ 181.00	\$ 57.00
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ 2,000.00	\$ 550.00	\$ 1,441.00	\$ 9.00
8	Total Budget (Sum of Lines 1-7)	\$ 23,049.00	\$ 10,103.00	\$ 5,598.00	\$ 7,348.00
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 23,049.00	\$ 10,103.00	\$ 5,598.00	\$ 7,348.00
11	Federal Funds Requested	\$ 23,049.00	\$ 10,103.00	\$ 5,598.00	\$ 7,348.00
12	Local Funds (Line 10 minus 11)	\$ -	\$ -	\$ -	\$ -

Note: The total budget amount on the Budget Summary must equal the total budget amount on the last page.

* The inclusion of local funding provided in support of this program is optional.

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties Office for the Aging

1. Personnel - AAA salaries are listed here.									
Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary*	Total Hours worked per week	Time Per Priority Area			Amount Charged to Priority Area			Narrative Justification: For each position, provide a brief summary of duties related to MIPPA: *If charging the NYConnects Coordinator to SHIP and/or AAA funding, please indicate what MIPPA responsibility the NYConnects Coordinator will perform for (or on behalf of) SHIP and/or AAA staff. *If charging the SHIP and/or AAA staff to NYConnects, please indicate what MIPPA responsibility the SHIP and/or AAA staff will perform for (or on behalf of) NY Connects staff. *Include specificity and relevance to MIPPA activities for all staff charged to this grant (i.e., administrative support, IT, managerial, etc.). *Include all staff contributing to MIPPA even if salary is paid with other funds.
			Priority Areas	Hours worked per priority area per week	% of Time	Priority 1 SHIP	Priority 2 AAA	Priority 3 ADRC	
1 N Hannah Hall T Specialist Aging Services L OFA	\$ 43,974.00	40	1: SHIP 2: AAA 3: ADRC	2.45 2.3	6.13% 5.75%	\$ 2,695.00		\$ 2,529.00	Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. As well as
2 N Tammy Morehouse T Aging Services Assistant L OFA	\$ 31,130.00	40	1: SHIP 2: AAA 3: ADRC	 3.5 	 8.75% 		\$ 2,723.00		Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists
3 N Catherine Bearor T Specialist Aging Services L OFA	\$ 43,974.00	40	1: SHIP 2: AAA 3: ADRC	3.5 	8.75% 	\$ 3,847.00			Follow up to enroll those referred by NY Connects & others, who may be potentially eligible. Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists
4 N Susan Dornan T NY Connects Coordinator L OFA	\$ 49,173.00	40	1: SHIP 2: AAA 3: ADRC	 2	 5.00%			\$ 2,459.00	Meeting with clients, completing all necessary forms, and entering data into the reporting system. Assesses/assists individuals for MSP/LIS programs in office and by phone.
5 N T L			1: SHIP 2: AAA 3: ADRC	 	 				
6 N T L			1: SHIP 2: AAA 3: ADRC	 	 				
7 N T L			1: SHIP 2: AAA 3: ADRC	 	 				
8 N T L			1: SHIP 2: AAA 3: ADRC	 	 				
TOTAL Program Personnel:						\$ 14,253.00	\$ 6,542.00	\$ 2,723.00	\$ 4,988.00
*Note: If employee is paid a salary, then list the annual salary. If employee is not paid a salary, calculate an annual amount by multiplying the pay rate times the average number of total hours worked per week times 52 weeks.									
2. Fringe Benefits- Fringe Benefits should be directly proportional to that portion of personnel costs that are program related. Provide a clear justification if the expenses are not proportionally allocated.									
Fringe Benefit Rate %:		46.00%	TOTAL Fringe Benefits:		\$ 6,556.00	\$ 3,009.00	\$ 1,253.00	\$ 2,294.00	

MIPPA
AAA Supporting Budget Schedule

AAA: Warren/Hamilton Counties Office for the Aging

3. Equipment:							
<ul style="list-style-type: none"> •List all equipment items whether purchased or leased. •Provide a detailed description for all equipment with a unit cost of \$1,000 or more. •Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance & Operations budget section. 							
Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
TOTAL Equipment:				\$ -	\$ -	\$ -	\$ -
4. Travel:							
<ul style="list-style-type: none"> •List travel costs. •Outline reason for travel and indicate the number of staff traveling.(e.g., staff to training, field interviews, advisory group meeting, etc.). •Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food). •In the "Reasons for Travel" section please mention the priority area(s) involved. 							
Mileage: _____ miles@ _____				Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Parking & Tolls							
Public Transportation:							
Rental Vehicles (specify destination): _____							
Other Travel Costs (Specify): _____							
Reasons for Travel:							
TOTAL Travel:				\$ -	\$ -	\$ -	\$ -
5. Maintenance & Operations:							
<ul style="list-style-type: none"> •In the space provided, detail each expense. •For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment. 							
Equipment Maintenance and Repair:				Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Postage:				\$ 69.00	\$ 2.00	\$ 50.00	\$ 17.00
Printing & Photocopying:				\$ 70.00		\$ 50.00	\$ 20.00
Rent:							
Supplies:				\$ 101.00		\$ 81.00	\$ 20.00
Telephone:							
Utilities:							
Miscellaneous Equipment (List Items):							
TOTAL M&O:				\$ 240.00	\$ 2.00	\$ 181.00	\$ 57.00

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 11/1/2019

- (a) Is this a Result of a Bid or Request for Proposal? YES
- (b) Purpose of Contract: Provide pest control services at meal sites location in both Hamilton and Warren Counties.
- (c) Name of Contractor: Orkin
- (d) Address of Contractor: 537 Queensbury Ave, Queensbury, NY 1804
- (e) Contractor's Contact Person and Telephone Number: Kenneth Watkins, PH#518)390-5898
- (f) Has or will the Contract be provided, if so, please attach: County Attorney to Provide
- (g) Commencement Date of Contract: 11/1/2019
- (h) Termination Date of Contract: 12/31/2020, with option for one year renewals if no material changes
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount \$225/per call
iii) total amount not to exceed \$5,000
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. Invoiced As Needed
- (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: A.6772.470 (Warren County Contracts) and A.6771.470(Hamilton County Contracts)

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: Office for the Aging Payroll Dept. No: 57.01
Title of Position: Services Specialist, OFA Base Salary of Position: \$37,633.00 Grade: 10
Filling at Step # (If Known): 4
Budget code and title: A.6772.110 Warren County - Salaries FT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Kathleen McLaughlin Date of Vacancy: 07/13/2018
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State 75% Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. *PA 10/25/19*
Human Resources Director has approved this form when initialed. *10/25/19*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature *[Signature]* Date 10/25/19

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature *Frank E. Thomas* Date 10/28/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services

- The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature *Edna A. Traver* Date 11/18/2019

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: WHCOFA

SIGNED: Deanna Park

DATE: 11/7/19

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6771.470	Hamilton County Contracts	A.6771.110	Hamilton County Full Time Salaries	\$5,125.00
		A.6771.130	Hamilton County Part Time Salaries	\$1,800.00
			TOTAL	\$6,925.00

Please state reason for transfers requested: Cover salaries for Hamilton County employees through 2019.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

Dean Electric Electrical Contractors Inc.

P.O. Box 4
Glens Falls, New York 12801

Phone/Fax 518.792.4781
Email: deanelect@adelphia.net

September 19, 2019

*Emailed
9/19/19*

Cedars Senior Living
PO Box 7733
Merrifield, VA 22116-7733

Attn; Andy Miller

Re; Installing power receptacles for Meals On Wheels portable warming ovens.

The estimated cost to install, in the basement area discussed, 3 plug mold strips, each with 8 outlets and each strip on 1, 20 ampere, 120V circuit for the cost of \$1,859.54.

**The estimate includes all materials and labor necessary to complete the work listed.
**Price valid for 30 days.*

Thank you,

Natasha Dean-Shoemaker

Natasha Dean-Shoemaker
Dean Electric Electrical Contractors Inc.