

HEALTH, HUMAN & SOCIAL SERVICES COMMITTEE
COUNTRYSIDE ADULT HOME

AGENDA

November 18, 2019

Committee Members: Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan, and Sokol.

- I. Committee Meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee Meeting
- III. Action Agenda
 1. Notice of Intent to Fill Newly Created Position of Cook # 5, Grade 4, Annual Base Salary \$29,333 effective January 1st 2020.
Rationale: The Part Time Food Service Position will be deleted as of 1/1/20.
New position will help limit overtime and retention of staff.
 2. Request a Service Agreement with Action Septic for Biannual inspection and cleaning of building sewer lines. The cost will be \$1260.00 annually with a total amount not to exceed amount of \$2,000.00
Rationale: Preventive maintenance will help avert any back up of the system that could potentially impact the facility detrimentally.
 3. Request to renew Service Agreement with Hudson Headwaters Health Network (HHHN) for annual employee and new hire physicals and ppd placement.
Rationale: Compliance of DOH Regulations: it is mandated that all employees have an annual physical and any new hire must have a physical prior to starting. Every 2 years all employees must have a ppd placement.
 4. Request renewal of ESAAL membership for the Director; annually \$ 1,344 for a 1-year period. The fee is adult home pricing @ \$28 per bed x our maximum occupancy of 48.
Rationale: The ESAAL is a tremendous resource for a very complex regulatory system that we must be in compliance with at all times. Membership offers discounted training to its members; The Director of CSAH is required to have 60 credits per cycle.
 5. Request for A Transfer of Funds, from Hospitalization and Salaries Accounts, to Retiree Hosp., Worker Comp. and Salaries - Overtime Accounts.
Rationale: To cover necessary expenses through year-end.
 6. Request an Appropriation from budget code A.6030 413 to the reserve account A.861 00, in the amount of \$38,000.
Rationale: This will cover the cost to transport and install a larger generator that will allow Countryside to run at full capacity.

IV. Referrals/Pending Items

None

V. Information for Discussion/Review

-Census Update (Admissions & Discharges)

-Overtime Report

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

VII. Motion to Adjourn

Summary of Attachments

1. Notice of Intent to Fill Cook#5
2. Service Agreement with Action Septic
3. Renew Service Agreement with HHHN
4. ESAAL Membership Renewal
5. Transfer of Funds
6. Budget Amendment: Appropriation to Reserve Account
7. Census and Overtime Reports

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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Cook # 5 Full Time Base Salary of Position: \$29333.00 Grade: 4
Filling at Step # (If Known): _____
Budget code and title: Salaries-FT A6030 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other creation
Employee No./Last Name: _____ Date of Vacancy: 1/1/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 50 % 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. POW 11/5/19
Human Resources Director has approved this form when initialed. 12 11-5-19

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 11/8/19

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 11/7/19

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. Garcia Date 11/18/2019

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 11/??/19

- (a) Is this a Result of a Bid or Request for Proposal?
NO
- (b) Purpose of Contract:
Semi Annual Inspection and Cleaning of kitchen and laundry sewer lines as well as any other additional sewer lines through out the building
- (c) Name of Contractor:
Action Septic Service
- (d) Address of Contractor: **P.O. Box 1430
Saratoga Rd.
South Glens Falls, NY 12803**
- (e) Contractor's Contact Person and Telephone Number:
Ellen Sanders 518-793-4949
- (f) Has or will the Contract be provided, if so, please attach:
Attached
- (g) Commencement Date of Contract:
1/1/20
- (h) Termination Date of Contract:
12/31/20
- (i) Payment Provisions: i) lump sum amount **\$1260.00 Annually**
ii) hourly rate amount
iii) total amount not to exceed **\$ 2000.00 Annually**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
Completion of the Maintenance
- (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. 6030 470- 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. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 11/18/18

- (a) Purpose of Contract Change: **Renew Service Agreement with Hudson Headwaters Health Network for employee and new hire physicals and ppd placements.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **70 of 2018**
- (c) Name of Contractor: **Hudson Headwaters Health Network**
- (d) Address of Contractor: **9 Carey Rd. Queensbury, New York 12845**
- (e) Contractor's Contact Person and Telephone Number:
Christopher Tournier 518-761-0300
- (f) Commencement Date of Extension: **1/1/20**
- (g) Termination Date of Extension: **12/31/21**
- (h) Payment Provisions:
 - i) lump sum amount **Each Physical \$ 127.50 & PPD \$16.00**
 - 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. **Payment will be rendered after each service**
- (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:**

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. 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: COUNTRYSIDE ADULT HOME

DATE: 11/18/19

- (a) Purpose of Request: **Request Authorization to pay ESAAL Annual Membership Dues of \$1344.**
- (b) Details: **DOH regulations are complex, the ESAAL is an excellent resource for interpretation as well as answering questions. The program advises on compliance issues as well insight on plans of correction.
The program offers training that meets the 60 credits that is a DOH requirement at a discounted price for members.**
- (c) Previous Resolution Number: **260 of 2019**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6030-470-Contracts
413- Membership**
Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Countryside Adult Home

SIGNED:

DATE: 11/6/19

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 860	Hospitalization	A.6030 861	Retirees Hospitalization	4,754.00
A.6030 860	Hospitalization	A.6030 840	Worker's Compensation	100.00
A.6030 110	Salaries	A.6030 120	Salaries - Overtime	8,000

Please state reason for transfers requested: Total of \$12,854 to transfer from one code to another to cover overtime & benefit costs through year end.

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.

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: Countryside Adult Home

DATE: November 7, 2019

- (a) Purpose of Request: To increase A.861 00, Countryside Rehabilitation Reserve

- (b) Details: Fund increase with a \$38,000.00 transfer from Countryside Adult Home, Repair & Maint-Bldgs/Property, A.6030 413.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: A.6030 413, CSAH - Repair & Maint-Bldgs/Property - \$38,000.

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

* as listed in budget and LOGOS

Countryside Adult Home - Overtime Report - Comparison 2018/2019

Week End	2018	2019	Reason
01/06/19	118.20	105.80	Holiday
01/20/19	33.00	69.20	Vacations
02/03/19	4.30	127.30	3 staff taking bereavement, weather(shoveling,snow blowing plowing)
02/17/19	112.80	14.20	Bereavement,Retirement
03/03/19	10.80	89.00	staff shortage (2 retirements), holiday
03/17/19	8.00	10.80	staff shortage (Lack of Kitchen staff due to promotion)
03/31/19	12.00	40.70	illness
04/14/19	12.00	6.00	kitchen staff shortage (Lack of staff due to promotion)
04/28/19	3.00	40.00	kitchen staff shortage (Lack of staff due to promotion), Vacation
05/12/19	8.00	5.00	Late Appointments
05/26/19	3.00	0.50	Stay over for 11-7 staff
06/09/19	85.00	91.30	Holiday
06/23/19	5.80	11.50	Vacations
07/07/19	82.00	103.00	Holiday,Vacations,Maintenance called in 3 times in 4 days
07/21/19	20.20	19.70	Call ins and vacations
08/04/19	14.70	4.27	Maintenance stayed late for drains and called in for water leaks
08/18/19	8.50	11.25	Shift coverage
09/01/19	39.00	0.45	Shift coverage
09/15/19	111.00	83.65	Holiday
09/29/19	21.00	8.00	Shift coverage
10/13/19	90.00	3.82	Late Appointments
10/27/19	9.00	99.20	Holiday
11/10/19	90.00	8.00	Shift Coverage
YTD	901.30	952.64	
11/24/19	200.50		
12/08/19	14.00		
12/22/19	18.80		
12/31/19	105.80		

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2019**

MONTH	1ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	32	2	1	33
FEBRUARY	33	2	0	35
MARCH	35	0	0	35
APRIL	35	1	1	35
MAY	35	0	3	32
JUNE	32	1	1	32
JULY	32	2	1	33
AUGUST	32	1	3	31
SEPTEMBER	31	2	1	32
OCTOBER	32	2	0	34
NOVEMBER				
DECEMBER				