

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

HEALTH SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
March 2, 2020 @ 10:10AM

Committee Members: Chairman Peter McDevitt, Douglas Beaty, Ronald Conover, Daniel Bruno, Edna Frasier, Brad Magowan and Susan Shepler

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Request:** Permission to fill the Meal Site Manager #4 position at the Indian Lake Meal site due to retirement.
Rationale: The previous manager retired on 12/30/2019.
 2. **Request:** Reduce the hours of Meal Site Cook #2 at the Indian Lake Meal site from 30 hours/week to 25 hours/week.
Rationale: Based on calculations provided by NYSOFA (New York State Office for the Aging), comparison with other meal sites, and after discussion with Hamilton County, it is felt that the hours can be reduced at the Indian Lake meal site. This will have no impact on the Warren County budget.
 3. **Request:** Permission to fill the Meal Site Cook #2 position at the Indian Lake Meal site.
Rationale: Please see above.
 4. **Request:** Permission to reimburse Cedars for electrical work done for meal transporters in the amount of \$1,859.54.
Rationale: This work was needed to ensure that our home delivered meals are kept at the proper temperatures.

Referral/pending items- None

- IV. Information for Discussion/Review
- V. Privilege of the floor to discuss any additional items to come before the Committee.
- VI. Motion to adjourn

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: Meal Site Manager #4 Base Salary of Position: \$27,438(30hr/week) Grade: 2
Filling at Step # (If Known): 24
Budget code and title: A6771.110 Nutrition Program Hamilton - Salaries FT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 6989/Husson Date of Vacancy: 12/30/2019
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State 75% Other 25% Hamilton County

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. 2/13/20
Human Resources Director has approved this form when initialed. AS 2/13/20

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 2/14/20

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 [Signature] Date 2/19/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health 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 [Signature] Date 3/2/2020

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: 2/10/2020

- (a) Purpose of Request: **Amend table of organization to reflect a reduction in hours at Indian Lake meal site.**
- (b) Details: **Reduce Meal Site Cook #2 from 30hours/week to 25hours/week (Indian Lake Meal Site). Based on the staffing requirements outlined by NYSOFA and the number of meals produced at the site, it is not necessary to have two 30hr/week positions. The Meal Site Manager position was recently vacated due to retirement, so this would be a good time to do this.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A6771.130 Hamilton County Salaries**

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

* as listed in budget and LOGOS

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: Meal Site Cook #2 Base Salary of Position: \$27,438(25hr/week) Grade: 2
Filling at Step # (If Known): _____
Budget code and title: A6771.110 Nutrition Program Hamilton - Salaries FT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9390/Cummins Date of Vacancy: 3/20/20
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 75 % Other 25 % Hamilton County

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. POC 2/13/20
Human Resources Director has approved this form when initialed. 17 2/13/20

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 2/14/20

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 [Signature] Date 2/19/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health 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 [Signature] Date 3/2/2020

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: 2/27/2020

- (a) Purpose of Request: **Authorize WHCOFA to make an additional one time payment to Cedars in the amount of \$1,859.54 to reimburse for electrical work done.**
- (b) Details: **WHCOFA purchased meal transporters to ensure that our home delivered meals stayed at the proper temperature. Electrical work was needed to make sure that these could be plugged in and warmed up ahead of time without creating a fire/safety hazard.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6772.413 Warren County Repairs \$1,859.54**

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

* as listed in budget and LOGOS