

HUMAN SERVICES COMMITTEE MEETING  
COUNTRYSIDE ADULT HOME AGENDA  
November 23, 2020

COMMITTEE MEMBERS: Supervisors Driscoll, Hogan, Bruno, Frasier, Magowan, McDevitt and Shepler

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
  1. Request: Authorization to pay annual ESAAL Membership Dues at a cost of \$ 1,344.00  
Rationale: The membership has been an undeniable resource during the pandemic, but even prior it has been an excellent asset for complicated regulation questions and program issues. Membership gives access to training at discounted pricing, even during the pandemic DOH expects 60 credit hours per cycle to be completed. ESAAL continued to meet that need to its member.
  2. Request: Transfer of Funds, from Hospitalization and Retirees Hospitalization, Salaries-Overtime  
Rationale: To cover overtime expenses through year end.
  3. Request: Notice of Intent to Fill the position of Case Manager, due to anticipated vacancy 1/21.  
Rationale: Position is necessary to meet resident needs/services, position is 50% reimbursable.
  4. Request: Notice of Intent to Fill the position of Institutional Aide that was created during budget process.  
Rationale: Department of health requires at adequate staffing at all times for all departments. Position is 50% reimbursable.
- IV. Discussion Items:
  1. Census
  2. Overtime Reports
- V. Referrals/Pending Items: None.
- VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

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Attachments:

1. Resolution Request Form No.20- ESSAL Dues
2. Resolution Request Form No.10- Transfer Funds
3. Intent to Fill- P/T Case Manager
4. Intent to Fill- P/T Institutional Aide
5. Census
6. Overtime Reports

# **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: 11/23/2020**

- (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: **556 of 2019**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A.6030 427-Memberships & Dues**

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

\* as listed in budget and LOGOS



646 Plank Road, Suite 207  
Clifton Park, NY 12065-2081

Countryside Adult H  
353 Schroon River Road  
Warrensburg, New York 12885

# Invoice

Date	Invoice #
1/1/2021	25644

Terms
Net 30

INVOICE DUE:	1/31/2021
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ESAAL Invoice	Description	QTY	Unit Price	Total
DUES- PROVI...	48 Adult Home beds at 28.00 = 1344.00		1,344.00	1,344.00

<b>Total</b>	\$1,344.00
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<b>Payments/Credits</b>	\$0.00
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<b>Balance Due</b>	\$1,344.00
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Dues figure is based on \$28 per Adult Home Bed (AH) or Enriched Housing Program (EHP) Bed and/or \$33 per Assisted Living Program Bed (ALP) per year. ESAAL dues may be deducted as a business expense but not a charitable contribution. ESAAL estimates that the non-deductible portion of your dues allocable to lobbying is 16%.

Please make checks payable to: ESAAL

**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:** 11/5/20

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 860	Hospitalization	A.6030 120	Salaries - Overtime	\$25,000
A.60308 861	Retirees Hospitalization	A.6030 120	Salaries - Overtime	\$20,000

**Please state reason for transfers requested:** To cover overtime cost 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. 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: Case Manager-PartTime Base Salary of Position: 40,954 Grade: 14  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: Salaries-PT A6030 130 Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 8253 Date of Vacancy: 01/01/2021  
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.**

**Human Resources Director has approved this form when initialed.**

### 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 \_\_\_\_\_

Date 11/20/20

### 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 B. M. [Signature]

Date 11/23/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human 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 Bennett P. Duscolly

Date 11/23/20

# 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: Institutional Aide- Part Time (20hrs/wk) Base Salary of Position: 28,026 Grade: 3  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: Salaries-PT A6030 130 Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: \_\_\_\_\_ Date of Vacancy: 1/1/2021  
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 Labor  
**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.** On 11/10/20  
**Human Resources Director has approved this form when initiated.** 11/12/20

### 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 11/20/20

### 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 11/23/20

### SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human 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 11/23/20

**COUNTRYSIDE ADULT HOME  
CENSUS REPORT  
2020**

<b>MONTH</b>	<b>1<sup>ST</sup> DAY OF MONTH</b>	<b>ADMISSIONS</b>	<b>DISCHARGES</b>	<b>LAST DAY OF MONTH</b>
JANUARY	35	1	2	34
FEBRUARY	34	2	3	33
MARCH	33	0	2	31
APRIL	31	1	0	32
MAY	32	0	0	32
JUNE	32	0	1	31
JULY	30	4	1	34
AUGUST	34	1	1	34
SEPTEMBER	34	2	0	36
OCTOBER	36	1	0	37
NOVEMBER				
DECEMBER				

**Countryside Adult Home - Overtime Report - Comparison 2019/2020**

<b>Week End</b>	<b>2019</b>	<b>2020</b>	<b>Reason</b>
01/05/20	105.80	79.44	Holiday
01/20/19	69.20	15.11	Illness,Storm(plowing,snow blowing,shoveling)
02/03/19	127.30	91.33	Holiday
02/17/19	14.20	36.28	Snowstorm and illness
03/03/19	89.00	78.33	Holiday and snow storm
03/17/19	10.80	4.00	Coverage for call in
03/31/19	40.70	13.87	Snow removal, coverage for staff member having death in family unexpectedly
04/14/19	6.00	8.62	COVID-19, Repair of entrance doors
04/28/19	40.00	12.55	Bereavement, Maintenance Needed to wait for a contractor after kitchen closed
05/12/19	5.00	21.00	Vacation
05/26/19	0.50	4.67	COVID Mandatory Testing
06/09/19	91.30	121.97	COVID Mandatory Testing,Holiday
06/23/19	11.50	31.47	COVID Mandatory Testing
07/07/19	103.00	160.80	Vactions,Holiday,Mandatory COVID Testing
07/21/19	19.70	40.00	COVID Testing, Sick
08/04/19	4.27	65.00	COVID Testing, Sick
08/18/19	11.25	56.87	COVID Testing, Sick,Vacation
09/01/19	0.45	70.68	COVID Testing, Illness, Staff Shortages
09/15/19	83.65	141.37	COVID Testing,Holiday,Vac.
09/29/19	8.00	74.77	COVID Testing,Vac
10/13/19	3.82	104.42	COVID Testing,Sick ,Vac, Staff Shortages
10/27/19	99.20	166.17	COVID Testing, Vac. Staff Shortage
11/10/19	8.00	68.73	COVID Testing, Vac. Staff Shortage
*YTD*	952.64	1467.45	
11/24/19	91.50		
12/08/19	102.95		
12/22/19	27.82		
12/31/19	79.44		
*YTD*	2206.99		