

HUMAN SERVICES COMMITTEE MEETING
COUNTRYSIDE ADULT HOME AGENDA
AUGUST 24, 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: to extend contract with B-Lann Equipment for regular maintenance, in the amount of \$1,424.10, with an addition \$1000.00 for unseen repairs. The term commencing January 1st 2021, and terminating December 31st 2022.
Rationale: The facility must maintain fully operational fire suspension system, as mandated by the Department of Health.
 2. Request: to extend contract with Hudson Headwaters Health Network for clinician services, in the amount of \$32,409, for the term commencing January 1st 2021 and terminating December 31st 2022.
Rationale: Provider services for all residents are mandated by the Department of Health.
 3. Request: to extend contract with Action Septic to clean sewer lines in the amount of \$1,260.00 annually with a total do not exceed amount of \$2000.00, for the term commencing on January 1st 2021 and terminating on December 31st 2021
Rationale: preventive maintenance will avert any back up of the system that could potentially impact the facility detrimentally.
 4. Request: Notice of Intent to Fill the position of Senior Account Clerk, due to resignation effective 6/25/2020.
Rationale: The position is essential for the facility to operate efficiently and is reimbursable.
 5. Request: approval for mandatory COVID-19 testing_overtime_policy
Rationale: following directives from both Department of Labor and Department Health that state employees must be paid for travel time as well as the time it takes to have the test administered were taken into consideration when establishing this plan.
- 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

Attachments:

1. Resolution Request Form No. 4 – Extend Contract with B-Lann

2. Resolution Request Form No. 4- Extend Contract with Hudson Headwaters Health Network
3. Resolution Request Form No. 4- Extend Contract with Action Septic
4. Notice of Intent to Fill – PT/ Senior Account Clerk
5. Overtime Policy
6. Census
7. Overtime Reports

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 8/24/2020

- (a) Purpose of Contract Change: **Extending contract due to increase in amount**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **262 of 2019**
- (c) Name of Contractor: **B-Lann Equipment Co. Inc.**
- (d) Address of Contractor: **2288 5th Ave. Troy ,NY 12180**
- (e) Contractor's Contact Person and Telephone Number:
Linda Hayes 518-274-7888
- (f) Commencement Date of Extension: **1/1/21**
- (g) Termination Date of Extension: **12/31/22**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **Additional \$1,000 for unseen repairs**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **After each semiannual inspection**
- (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.6030 470-Contracts**

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.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: 8/24/2020

- (a) Purpose of Contract Change: **Extending contract due to increase in amount**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **116 of 2019**
- (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: **1/1/21**
- (g) Termination Date of Extension: **12/31/22**
- (h) Payment Provisions:
 - i) lump sum amount
 - 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 for services on a monthly basis**)
- (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.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: 8/24/2020

- (a) Purpose of Contract Change: **Extending due to current contract will terminate 12/31/20**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **554 of 2019**
- (c) Name of Contractor: **Action Specitic**
- (d) Address of Contractor: **P.O. Box 1430
South Glens Falls, NY 12803**
- (e) Contractor's Contact Person and Telephone Number:
Ellen Sanders 518-793-4949
- (f) Commencement Date of Extension: **1/1/21**
- (g) Termination Date of Extension: **12/31/21**
- (h) Payment Provisions:
 - i) lump sum amount **\$1260.00**
 - 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. **After each semiannual maintenance 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: A.6030 470-Contracts**

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*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: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Senior Account Clerk # 2- Part Time Base Salary of Position: \$33,600 Grade: 7
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: Margaret Stevens/12186 Date of Vacancy: 6/25/2020
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 _____

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____
 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 _____ Date _____

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: 8/24/2020

- (a) Purpose of Request: **Approval of Overtime for Mandatory Covid-19 Testing Policy.**
- (b) Details: **Per directives from Dept. of Labor and Dept. of Health taff must be paid for both travel time and the time it takes to have the test administerd.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6030 120-Overtime**

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

* as listed in budget and LOGOS

COUNTRYSIDE ADULT HOME
Overtime for Mandatory COVID-19 Testing

POLICY:

Countryside Adult Home employees shall be entitled to 1 Hour of overtime when mandatory testing is scheduled outside of the employee's scheduled shift.

PROCEDURE:

Employees of The Countryside Adult will adhere to Executive Order 202.30.

Mandatory COVID-19 testing for all employees, contract staff, medical staff, administrators, and operators will adhere to the testing scheduled, as advised by the Director.

Any employee not scheduled to work on a testing day will be paid 1 hour of overtime.

RATIONALE:

New York State Department of Labor specifically addressed the obligation of facilities to pay employees for travel time and the time it takes to have the test administered. Travel time, testing time frame and similar Countryside policies, were taken into consideration when developing this plan.

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2020**

MONTH	1 ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
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				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2019/2020

Week End	2019	2020	Reason
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
* YTD*	563.27	689.89	
08/18/19	11.25		
09/01/19	0.45		
09/15/19	83.65		
09/29/19	8.00		
10/13/19	3.82		
10/27/19	99.20		
11/10/19	8.00		
11/24/19	91.50		
12/08/19	102.95		
12/22/19	27.82		
12/31/19	79.44		
YTD	1817.62		