

**HEALTH SERVICES COMMITTEE  
OFFICE FOR THE AGING AGENDA  
February 22, 2021**

*Committee Members: Supervisors Frasier, McDevitt, Conover, Hogan, and Strough*

- I. Committee meeting called to order by Chairman
- II. Motion to approve the minutes of the prior meeting
- III. Action Agenda/New Business Items:
  1. Request: Permission to fill Meal Site Manager #5 at the Warrensburg meal site, Grade 2, Base Salary \$27,438 (25hrs/week – \$13.19/hr), due to resignation on 6/16/2020.  
Rationale: We provide our own staff at the Warrensburg meal site and the position would need to be filled at the number of hours currently listed. This position has been vacant due to the COVID-19 testing requirement, so it was being covered by subs. We had not been able to fill this position and the Notice of Intent to Fill expired on 1/1/21.
  2. Request: Permission to fill Fiscal Coordinator position due to retirement (7/10/2020).  
Rationale: This is a necessary position within the Office for the Aging. We have not been able to find an appropriate applicant and the Notice of Intent to Fill expired on 1/1/2021.
  3. Request: Submit 2020-2021 MIPPA grant application in the amount of \$22,259.00.  
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 9/1/2020-8/31/2021, was received on 1/19/2021 and was due on February 19, 2021.
- IV. Discussion Items:  
Update on NYSOFA Budget Cuts
- 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. Notice of Intent to Fill Vacant Position No. 12 – Meal Site Manager #5
2. Notice of Intent to Fill Vacant Position No. 12 – Fiscal Coordinator
3. Request to Apply for a Grant No. 5 – MIPPA Grant 9/1/20-8/31/21
4. MIPPA Application

# 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 #5 (Warrensburg) Base Salary of Position: \$27,438(25hr/wceck) Grade: 2  
Filling at Step # (If Known): \_\_\_\_\_  
Budget code and title: A6772.110 Nutrition Program Warren - Salaries FT Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No./Last Name: 8396/Ranous Date of Vacancy: 06/17/2020  
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. REN 2/9/21  
Human Resources Director has approved this form when initialed. AP 2/8/21

### 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 2/9/21

### 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 2/11/21

### 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 Elva A. Fraser Date 2/22/21

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: Fiscal Coordinator Base Salary of Position: \$42,141.00 Grade: 15
Filling at Step # (If Known):
Budget code and title: A6772.110 Warren County - Salaries FT Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy: 07/11/2020
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.
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 2/9/21

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 2/11/21

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 Date 2/22/21

## ***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:** 1/27/2021

- (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, 4<sup>th</sup> 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: **9/1/2020**
- (g) Termination Date of Grant: **8/31/2021**
- (h) Total Dollar Amount Involved (not to exceed): **\$22,259.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **2/19/2021(released 1/19/2021)**
- (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 1, 2020 –**  
**August 31, 2021**

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:

MIPPA@aging.ny.gov  
New York State Office for the Aging  
Two Empire State Plaza, 4<sup>th</sup> Floor, Albany, NY 12223-1251

**Area Agency:** Warren/Hamilton Counties Office for the Aging

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**Director:** Deanna Park

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**Address:** 1340 State Route 9  
Lake George, NY 12845

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**HIICAP Coordinator:** Hanna Hall

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**HIICAP Coordinator Phone Number:** 518-761-6347

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**Email Address:** hallh@warrencountyny.gov

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**Mailing address (if different from the AAA):**

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**NY Connects Coordinator:** Deanna Park

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**NY Connects Coordinator Phone Number:** 518-761-6347

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**Email Address:** parkd@warrencountyny.gov

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**Mailing address (if different from the AAA):**

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**Amount Requested:** \$22,259.00

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**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:** Rachel Seeber

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**Title:** Chairwoman of the Warren County Board of Supervisors

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

AAA: Warren/Hamilton Counties  
Program Period: 9/01/20-8/31/21

21-PI-01

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 13,874.82	\$ 6,542.00	\$ 2,779.91	\$ 4,552.91
2	Fringe Benefits	\$ 6,382.00	\$ 3,009.00	\$ 1,279.00	\$ 2,094.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 2.18	\$ -	\$ 1.09	\$ 1.09
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ 2,000.00	\$ 512.00	\$ 1,488.00	\$ -
8	Total Budget (Sum of Lines 1-7)	\$ 22,259.00	\$ 10,063.00	\$ 5,548.00	\$ 6,648.00
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 22,259.00	\$ 10,063.00	\$ 5,548.00	\$ 6,648.00
11	Federal Funds Requested	\$ 22,259.00	\$ 10,063.00	\$ 5,548.00	\$ 6,648.00
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

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 specify 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	\$ 43,974.00	40	1: SHIP	2.45	6.13%	\$ 2,695.00		\$ 2,529.00	Hannah has responsibilities that fall under the SHIP and ADRC Programs. The MIPPA activities she conducts in her role are: follows up to enroll those referred by NY Connects & others, who may be	
T Specialist Aging Services			2: AAA							
L OFA			3: ADRC	2.3	5.75%					
2 N Tammy Morehouse	\$ 31,130.00	40	1: SHIP				\$ 2,779.91	\$ 924.56	Tammy has responsibilities that fall under the AAA Program. The MIPPA activities she conducts in her role are: follows up to enroll those referred by NY Connects & others, who may be potentially	
T Aging Services Assistant			2: AAA	3.5	8.93%					
L OFA			3: ADRC	1.25	2.97%					
3 N Catherine Bearor	\$ 43,974.00	40	1: SHIP	3.5	8.75%	\$ 3,847.00		\$ 1,099.35	Catherine has responsibilities that fall under the SHIP Program. The MIPPA activities she conducts in her role are...follows up to enroll those referred by NY Connects & others, who may be potentially	
T Specialist Aging Services			2: AAA							
L OFA			3: ADRC	1	2.50%					
4 N			1: SHIP							
T			2: AAA							
L			3: ADRC							
5 N			1: SHIP							
T			2: AAA							
L			3: ADRC							
6 N			1: SHIP							
T			2: AAA							
L			3: ADRC							
7 N			1: SHIP							
T			2: AAA							
L			3: ADRC							
8 N			1: SHIP							
T			2: AAA							
L			3: ADRC							
<b>TOTAL Program Personnel:</b>						<b>\$ 13,874.82</b>	<b>\$ 6,542.00</b>	<b>\$ 2,779.91</b>	<b>\$ 4,552.91</b>	
*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.										
<b>Fringe Benefit Rate %:</b>		<b>46.00%</b>	<b>TOTAL Fringe Benefits:</b>		<b>\$ 6,382.00</b>	<b>\$ 3,009.00</b>	<b>\$ 1,279.00</b>	<b>\$ 2,094.00</b>		

**MIPPA**  
**AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties

<b>3. Equipment:</b>																							
<ul style="list-style-type: none"> <li>•List all equipment items whether purchased or leased.</li> <li>•Provide a detailed description for all equipment with a unit cost of \$1,000 or more.</li> <li>•Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance &amp; Operations budget section.</li> </ul>																							
Item and Description	Quantity	Unit Purchase Price	Percent Charged to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC																
<b>TOTAL Equipment:</b>				\$ -	\$ -	\$ -	\$ -																
<b>4. Travel:</b>																							
<ul style="list-style-type: none"> <li>•List travel costs.</li> <li>•Outline reason for travel and indicate the number of staff traveling (e.g., staff to training, field interviews, advisory group meeting, etc.).</li> <li>•Show the basis of computation (e.g., two people to 3-day training at \$X airfare, \$X lodging, \$X food).</li> <li>•In the "Reasons for Travel" section please mention the priority area(s) involved.</li> </ul>																							
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:																							
<b>TOTAL Travel:</b>				\$ -	\$ -	\$ -	\$ -																
<b>5. Maintenance &amp; Operations:</b>																							
<ul style="list-style-type: none"> <li>•In the space provided, detail each expense.</li> <li>•For equipment with a unit cost of less than \$1,000, list the items and the total for these items under Miscellaneous Equipment.</li> </ul>																							
Equipment Maintenance and Repair:				Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC																
Postage:																							
Printing & Photocopying:																							
Rent:																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%;">Monthly Rent</td> <td style="width: 15%;">% Charge to Program</td> <td style="width: 15%;">No. of Months</td> </tr> <tr> <td>Costs:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Location:</td> <td colspan="3"> </td> </tr> <tr> <td>Owner:</td> <td colspan="3"> </td> </tr> </table>					Monthly Rent	% Charge to Program	No. of Months	Costs:				Location:				Owner:							
	Monthly Rent	% Charge to Program	No. of Months																				
Costs:																							
Location:																							
Owner:																							
Supplies:						\$ 1.09	\$ 1.09																
Telephone:																							
Utilities:																							
Miscellaneous Equipment (List Items):																							
<b>TOTAL M&amp;O:</b>				\$ -	\$ -	\$ 1.09	\$ 1.09																

**MIPPA  
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties

<b>6. Other Expenses: List specific item and cost.</b>						
Description	Total Cost	% Chargeable to Program	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
<b>TOTAL Other Expenses:</b>			\$ -	\$ -	\$ -	\$ -
<b>7. Contracts/Consultants:</b>						
<p><b>For Unit Cost Contracts/Consultants:</b> Please include contractor/consultant name and a brief description of service, as well as "Unit Rate," "Number of Units," "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: There is no required supplemental budget, regardless of funding levels.</p> <p><b>For Line Item Contractors:</b> When completing the section, please include contractor/consultant name and a brief description of service, as well as "Amount Charged to SHIP," "Amount Charged to AAA," "Amount Charged to ADRC," as appropriate. The "Amount Charged to Program" will auto populate. Note: If, for any Line Item Contractor/Consultant, the "Amount Charged to Program" is 25 percent or more of your total grant amount, a supporting Contractor Line Item Budget is needed.</p>						
Unit Rate Contractor/Consultant and description of service (List them individually)	Unit Rate	# of Units (Consultant)	Amount Charged to Program	Charged to SHIP	Charged to AAA	Charged to ADRC
Greater Glens Falls Senior Center - Promotion & Education (Placing articles in their newsletter, providing handouts to individuals who come to the senior center, presentations at the senior center, and assistance with filling out applications and education on the individual level.)			\$ 2,000.00	\$ 512.00	\$ 1,488.00	\$ -
description:						
Line Item Contractor and description of service (List them individually and submit separate Contractor Budget)						
description:						
description:						
<b>Total Number of Contracts:</b>			<b>TOTAL:</b>	\$ 2,000.00	\$ 512.00	\$ 1,488.00
<b>8. Total Budget: (numbers 1-7)</b>				\$ 22,259.00	\$ 10,063.00	\$ 5,548.00
<b>9. Program Income</b>						
<b>10. Net Total Budget</b>				\$ 22,259.00	\$ 10,063.00	\$ 5,548.00
<b>11. Federal Funds Requested</b>				\$ 22,259.00	\$ 10,063.00	\$ 5,548.00
<b>12. Local Funds:</b>						
Source	Total Amount	Amount to SHIP	Amount to AAA	Amount to ADRC		
<b>TOTAL Local Funds:</b>			\$ -	\$ -	\$ -	\$ -