

HUMAN SERVICES COMMITTEE MEETING
COUNTRYSIDE ADULT HOME AGENDA
May 23, 2022

COMMITTEE MEMBERS: Supervisors Driscoll, Frasier, Seeber, Magowan, McDevitt, Hogan and Bruno
Chair of the Board shall serve as an Ex-Officio member when needed in accordance
with the Section C (4) of the Rules of the Board

- 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 fill Full-Time Cook #2
Rationale: This position is vital in meeting the dietary needs of CSAH as well as the meal site program.
The position is 50% reimbursable.
 2. Request: To fill Full-Time Cook #5
Rationale: This position is vital in meeting the dietary needs of CSAH as well as the meal site program.
The position is 50% reimbursable.
 3. Request: To fill Full-Time Food Service Helper #3
Rationale: This position is vital in meeting the dietary department needs.
The position is 50% reimbursable.
 4. Request: To transfer \$40,000 from 6030 110 Full Time-Salaries to 6030 120 Salaries- Overtime.
Rationale: To cover overtime expenses due to open positions.
 5. Request: To transfer \$1,000 from 6030 110 Full Time-Salaries to 6030 855 Disability.
Rationale: To cover disability insurance costs that occurred earlier in the year.
 6. Request: To apply for the 2022-23 Equal Grant and ability to accept grant if awarded.
Rationale: To enhance the quality of life for our residents.
- IV. Discussion Items:
-Census and 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. Notice of Intent to Fill Cook #2 FT
2. Notice of Intent to Fill Cook #5 FT
3. Notice of Intent to Fill Food Service Helper #3
4. Request to Transfer Funds, \$40,000 to cover OT
5. Request to Transfer Funds \$1,000 to cover Disability Insurance costs
6. Request to Apply for EQUAL GRANT
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 #2 Base Salary of Position: \$31,789 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
Employee No./Last Name: 13648 Steves Date of Vacancy: 4/26/2022
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. 2024/27/22

Human Resources Director has approved this form when initialed. JS 4/27/22

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 4/28/22

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 5/25/22

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 5/23/22

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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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: \$31,789.00 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
Employee No./Last Name: Date of Vacancy: 2/23/2022
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. 5/23/22

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 5/23/22

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 5/24/22

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 Bennet F. Dursally Date 06/02/22

COOK

DISTINGUISHING FEATURES OF THE CLASS: Prepares and cooks a variety of food; responsible for the preparation and serving of meals in a school, health care or correctional facility. Depending on the size and type of institution, the duties of the incumbent will vary with respect to the number and class of employees supervised and involvement in ancillary aspects of cooking; i.e., meal planning. Supervision may be exercised over other employees in food preparation related titles. Does related work as required.

EXAMPLES OF WORK: (Illustrative only)

Prepares, cooks and serves meals for students, staff, residents or inmates using standard kitchen utensils and equipment. Meal preparation includes meat, fish, poultry, soups, vegetables, cereals, desserts, salads, and other food;

Bakes cakes, pies, rolls, and a variety of other pastries;

Cuts, cleans, and dresses meat, fish, and poultry;

Orders food and supplies used in the preparation of meals according to an established menu and inspects food when received to insure proper quantity and quality;

Plans or assists in planning meals and menus insuring that basic nutritional principles are followed;

Supervises the proper storing of food to avoid waste and spoilage;

Supervises the work of assistants in the preparation of food, and the cleaning of tables, kitchen utensils, stoves, and kitchen;

May prepare and maintain a variety of records and reports relative to food service function.

REQUIRED KNOWLEDGES, SKILLS, AND ABILITIES: Good knowledge of the methods of preparing, cooking, and baking food in large quantities; good knowledge of modern cooking utensils, appliances and equipment; good knowledge of cleaning methods and the use of cleaning materials and equipment; ability to plan with a view to economy and efficiency in the use of supplies, equipment and food; ability to follow oral and written directions and recipes; physical strength and stamina; good physical condition.

MINIMUM QUALIFICATIONS: Two years of experience in large scale cooking.

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Schedule "A"

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Food Service Helper #3 Base Salary of Position: \$29,735.00 Grade: 2
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
Employee No./Last Name: 12488 Potash Date of Vacancy: 4/15/2022
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. Pas 4/20/22
Human Resources Director has approved this form when initialed. (NB) For JF

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 4/25/22

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 4/26/22

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 5/23/22

FOOD SERVICE HELPER

GENERAL STATEMENT OF DUTIES: Assists in the preparation and service of food and in the cleaning of kitchen equipment; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: This is routine manual work performed under immediate supervision in connection with the preparation and service of food. On occasion Food Service Helpers may perform cooking duties involving lesser degrees of skill than regularly required of employees in the classification of Cook.

EXAMPLES OF WORK: (Illustrative only)

Sets tables and clears them after meals;
Fills sugar bowls and salt and pepper shakers;
Polishes silverware, tables and chairs;
Prepares trays for and serves patients;
Cleans dining rooms and dish and linen closets;
Cleans, washes and otherwise prepares vegetables and fruit for cooking;
Assists in the preparation of salads and desserts;
Helps cooks in any phase of their duties;
Washes dishes, pots and pans by hand or machine;
Sweeps, mops and cleans kitchen;
May act as cashier.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES:

Working knowledge of the proper methods of serving food and of the care of tableware, glassware, silver, and kitchen appliances; the proper methods of serving food and of the care of tableware, glassware, silver, and kitchen appliances; ability to follow oral and written directions; good physical condition.

MINIMUM QUALIFICATIONS: None is required but some experience as a helper in a restaurant or hotel dining room or in general domestic work is desirable.

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: 5/3/2022

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 110	Full Time-Salaries	A.6030 120	Salaries-Overtime	\$40,000

Please state reason for transfers requested: To cover overtime costs.

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. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Countryside Adult Home

SIGNED:

DATE: 5/3/2022

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6030 110	Full Time-Salaries	A.6030 855	Disability	\$1,000

Please state reason for transfers requested: To cover disability costs

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: 05/23/22

- (a) Purpose of Request: **Request Permission to submit the New York Sate Equal Grant application and accept if awarded.**
- (b) Details: **These grant funds are intended to enhance the lives of seniors.**
- (c) Previous Resolution Number: **541 of 2021**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

May 3, 2022

DAL: DAL 22-05
Subject: Enhancing the Quality of Adult
Living (EQUAL) Program for
SFY 2022-23

Dear Operator:

The Department of Health ("Department") is pleased to announce the availability of funding under the Enhancing the Quality of Adult Living (EQUAL) Program. Operators of Adult Homes and Enriched Housing Programs who provide services to individuals receiving Supplemental Security Income (SSI), State Supplemental Program (SSP) benefits, Safety Net (SN) assistance, and/or Medicaid (with respect to residents of assisted living programs) are eligible for EQUAL Program payments. The purpose of this program is to enhance the quality of care and life experience for residents receiving SSI, SSP, SN, and/or Medicaid by providing additional funding to licensed and certified Adult Care Facility (ACF) operators. Funding is utilized to improve or expand services and/or enhance the facility's physical environment.

It is anticipated that a total of \$6,532,000 will be available in 2022-23 EQUAL funding as outlined below:

Local Assistance Funding: \$3,266,000.00

Local Assistance Projects will be available to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational and other leisure events.

Capital Improvement Projects: \$3,266,000.00

Capital Improvement Project funds will be available to support the enhancement of the physical environment of the facility and promote a higher quality of life for residents.

EQUAL payments shall be made for the purpose of providing quality care and services to eligible residents to better meet their needs and improve the physical environment of a facility. The total award amount, per facility, shall be designated at 50% Local Assistance and 50% Capital Improvement Projects. Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities and may not supplant the obligations of the facility operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation. Expenditures must be made for the purpose of enhancing both residents' quality of care and life experience in the ACF. The Department reserves the right to, at its sole discretion, randomly audit awardees to ensure expenditure compliance. Negative audit findings can result in required repayment of funds to the Department and/or completion or correction of cited deficiencies within the time period specified by the Department.

The Operator shall be bound by the requirements, terms and conditions of the EQUAL Program as provided in Social Services Law section 461-s, compliance with applicable regulations, and other procedural requirements related to the program. This includes, but is not limited to, the timely completion of reports on the Health Commerce System (HCS), such as census reports, financial reports, and all surveys applicable to ACFs.

Facility operators who do not have an established Statewide Financial System (SFS) account must register for one by completing the "New York State Office of the State Comptroller Substitute Form W-9: Request for Taxpayer Identification Number and Certification." Completed forms should be emailed to sfsvidr@health.ny.gov. Please expedite your application to allow for additional processing. Once you submit your completed Substitute Form W- 9, the Office of the State Comptroller's Vendor Management Unit will contact you directly to complete the process of establishing a vendor identification number, which is required to set up your SFS account and receive your EQUAL Program Funds. Additional information can be obtained at the following sites:

OSC: <http://www.osc.state.ny.us/vendors/index.htm>

SFS: <http://www.sfs.ny.gov/>

All facility operators that successfully apply will receive a per-person amount based on the numbers of SSI, SSP, SN, and/or Medicaid (with respect to ALPs) beneficiaries residing in the facility as reported to the Department by the facility via the first quarter 2022 Quarterly Statistical Information Report. An additional funding allotment will be provided to facilities with a certified capacity of 100 beds and under.

The EQUAL SFY 2022-2023 application is an electronic application that will be posted on the Health Commerce System (HCS) effective **May 3, 2022**.

The EQUAL Program application can be accessed by logging onto HCS at: <https://commerce.health.state.ny.us>. On the HCS Home Page, click "My Applications" → "HCBC" → "Data Entry" and at the "Select an Activity" drop down menu → select "ACF EQUAL Application SFY 2022-2023." **Please carefully review the instructions.**

- Applicants electing to participate **must** complete Sections A-C, including all certifications in Section E, of the HCS application.
- Applications must be electronically submitted by **5:00 pm on June 15, 2022**. After this date and time, the application will no longer be available, and *hard copies will not be accepted*. *Applications that do not include all required, complete materials by **5:00 pm on June 15, 2022** will be deemed incomplete and ineligible for funding.*
- Facility operators who do not apply by the prescribed deadline will be interpreted as declining to participate in the EQUAL Program.

Facilities deemed eligible for funding will receive a notification of intent to award. Upon receipt, such facilities have thirty (30) calendar days to submit a 2022-2023 EQUAL Proposed Spending Plan. The proposed plan must include either the Resident Council Representative Approval or, for those facilities without a Resident Council, a Resident Petition in Support. Submissions must be completed using the appropriate form (Attachment 1). Failure to submit a proposed spending plan within thirty (30) calendar days will be considered forfeiture and the funding may be reallocated to other awardees pursuant to the Department's funding methodology.

Upon award, the Department will publicly post a listing of awarded facilities, including the award value and approved Spending Plan. Each facility will be required to maintain on file and make available upon request by the Department a current Exhibit A: Payment and Expenditure Tracking Form with all relevant receipts. No later than one year from the date the funds are received, facilities must submit Exhibits A and B: EQUAL Program Certification Page and relevant receipts to the Department via email to equal@health.ny.gov. All expenditures must be consistent with the approved Spending Plan. If a change to an approved Spending Plan is identified, the

facility must submit a modification request with documented resident consent via email to equal@health.ny.gov using Attachment 2 of the EQUAL Instructions.

Questions regarding the EQUAL Program should be directed to the EQUAL Program Team via email to equal@health.ny.gov. We look forward to receiving your application.

Sincerely,

A handwritten signature in cursive script that reads "Heidi Hayes".

Heidi L. Hayes, Acting Director
Division of Adult Care Facilities
and Assisted Living Surveillance

cc: J. Treacy
M. Hennessey
V. Deetz
K. Pergolino
G. Mellas
J. Donovan

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2022**

MONTH	1 ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	36	3	3	36
FEBRUARY	36	1	1	36
MARCH	36	0	2	34
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2020/2021

Week End	2021	2022	Reason
01/02/22	88.54	124.30	Holidays
01/17/22	70.18	111.25	Vacations, Retirement, Illness
01/30/22	142.60	143.73	Retirement Holiday Illness
02/14/21	90.94	76.63	Staff Shortages, Snow Storm, Illness
02/28/21	116.56	123.07	Staff Shortages,Holiday,Snow Storm
03/14/21	22.39	45.13	Saff shortages, Snowstorm
03/28/21	0.00	51.73	Staff Shortages
04/11/21	30.20	99.29	Staff Shortages
04/25/21	15.84	104.30	Staff Shortages and Covid
YTD	577.25	879.43	
05/09/21	32.80		
05/23/21	0.00		
06/06/21	87.58		
06/20/21	2.33		
07/04/21	109.29		
07/18/21	13.54		
08/01/21	7.38		
08/15/21	12.79		
08/29/21	24.58		
09/12/21	92.84		
09/26/21	0.00		
10/10/21	68.55		
10/24/21	224.67		
11/07/21	106.71		
11/21/21	136.98		
12/05/21	152.69		
12/19/21	77.52		
12/31/21	121.35		