

HEALTH SERVICES COMMITTEE  
OFFICE FOR THE AGING  
January 23, 2023

COMMITTEE MEMBERS:

*- Chair of the Board shall serve as an Ex-Officio member when needed in accordance with 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. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
  1. Request: Amend EISEP (Expanded In-Home Services for the Elderly Program) contracts with GAHA (Greater Adirondack Home Aides) to increase hourly rate for aid services.  
Rationale: This is due to the \$2/hour minimum wage increase for licensed home care agencies.
  2. Request: Amend Title IIIIE contracts with GAHA (Greater Adirondack Home Aides) to increase hourly rate for aid services.  
Rationale: This is due to the \$2/hour minimum wage increase for licensed home care agencies.
  3. Request: Amend contract with Purr Foods (Mom's Meals) to increase cost per meal from \$7.49 to \$8.99, effective 2/1/2023.  
Rationale: This is due to the increased costs in wages, packaging materials, ingredient costs and delivery fees.
  4. Request: Apply for MIPPA (Medicare Improvement for Patients & Providers Act) grant in the amount of \$26,321 for 9/1/22-8/31/23.  
Rationale: This grant is 100% funded and allows us to assist clients with Medicare questions.
  5. Request: Permission to renew the Notice of Intent to Fill Meal Site Manager #2, Grade 2, 30 hours/week (Warrensburg location), \$17.47/hr and back fill any positions that may be created by filling this one.  
Rationale: The person in this position resigned. This position is needed to ensure we are able to provide meals to residents of the Warrensburg/Chestertown and surrounding areas. Current Notice of Intent to Fill lapsed in December of 2022.
- V. Discussion Items:
  1. Director will be attending Association on Aging Leadership Institute from April 10<sup>th</sup>-13<sup>th</sup>, 2023.
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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Attachments:

1. 04 Amend Contract – EISEP Greater Adirondack Home Aides

2. 04 Amend Contract – Title IIIE Greater Adirondack Home Aides
3. 04 Amend Contract – Purr Foods (Mom’s Meals)
4. 05 Apply for Grant – MIPPA (Medicare Improvements for Patients & Providers Act)
  - a. MIPPA 9/1/22-8/31/23 Grant Application
5. Notice of Intent to Fill – Meal Site Manager #2
  - a. Meal Site Manager Job Description

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: OFA**

**DATE: December 12, 2022**

- (a) Purpose of Contract Change: **Amend EISEP contract with Greater Adirondack Home Aides to increase hourly wage from \$26/hr to \$28/hr due to minimum wage increases for Licensed Home Care Agencies, effective 1/1/2023.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **62 of 2019; 121 of 2019; 536 of 2021**
- (c) Name of Contractor: **Greater Adirondack Home Aides, Inc.**
- (d) Address of Contractor: **25 Willowbrook Road, Suite 4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Trish McKinney, PH#(518)926-7070, tmckinney@ADKHA.ORG**
- (f) Commencement Date of Extension: **4/1/2022**
- (g) Termination Date of Extension: **3/31/23**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$225,000**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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.6772.470 Warren County Contracts \$225,000**

**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: OFA**

**DATE: December 12, 2022**

- (a) Purpose of Contract Change: **Amend Title III E contract with Greater Adirondack Home Aides to increase hourly wage from \$26/hr to \$28/hr due to minimum wage increases for Licensed Home Care Agencies.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **120 of 2016; 64 of 2019; 537 of 2021; 625 of 2022**
- (c) Name of Contractor: **Greater Adirondack Home Aides, Inc.**
- (d) Address of Contractor: **25 Willowbrook Road, Suite 4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Trish McKinney, PH#(518)926-7070, tmckinney@ADKHA.ORG**
- (f) Commencement Date of Extension: **1/1/2023**
- (g) Termination Date of Extension: **12/1/23**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$35,000**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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.6772.470 Warren County Contracts \$35,000**

**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: OFA**

**DATE: December 19, 2022**

- (a) Purpose of Contract Change: **Amend contract to increase price per meal from \$7.49/meal to \$8.99/meal, effective 2/1/2023 due to increasing costs (wages, delivery fees, packaging and ingredients).**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **372 of 2021; 288 of 2022**
- (c) Name of Contractor: **PurFoods, LLC dba Mom's Meals**
- (d) Address of Contractor: **3210 SE Corporate Woods Drive, Ankeny IA 50021**
- (e) Contractor's Contact Person and Telephone Number: **Nathan Jensen, PH#(866)716-3257, email: Nathan.Jensen@momsmeals.com**
- (f) Commencement Date of Extension: **9/1/2022**
- (g) Termination Date of Extension: **8/31/2023**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount **\$8.99/meal**
  - iii) total amount not to exceed **see attached**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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.6772.470 Warren County Contracts (\$85,000) and A.6771.470 Hamilton County Contracts (\$10,000)**

**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. 5**

### ***Request to Apply for a Grant Application and Grant Agreement***

**DEPARTMENT NAME: Warren/Hamilton Counties Office for the Aging**

**DATE: 12/12/2022**

- (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: **9/1/2022**
- (g) Termination Date of Grant: **8/31/2023**
- (h) Total Dollar Amount Involved (not to exceed): **\$26,321.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **1/6/2023(released 12/1/2022)**
- (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

**Medicare Improvements for Patients and Providers Act (MIPPA) Application  
Signature Page**

**AAA Information**

County: Warren/Hamilton Director: Deanna Park

Street Address: 1340 State Route 9

City/State: Lake George, NY Zip Code: 12845

**State Health Insurance Assistance Program (SHIP) / Health Insurance Information  
Counseling and Assistance Program (HIICAP) Coordinator Information:**

HIICAP Coordinator: Hanna Hall

Phone: PH#(518)761-6347 Email address: hallh@warrencountyny.gov

Mailing Address (if different from AAA) Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Aging and Disability Resource Center (ADRC) / NY Connects Coordinator Information:**

NY Connects Coordinator: Deanna Park

Phone: (518)761-6347 Email address: parkd@warrencountyny.gov

Mailing Address (if different from AAA) Street \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Funding / Terms and Conditions**

MIPPA Funding Amount Requested: \$26,321.00

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 an Agreement with the New York State Office for the Aging must sign below.

Print Name: Kevin Geraghty Title: Chairman of Board

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

Please complete the application for MIPPA funding signature page (Attachment A), budget (Attachment E) and if applicable, contractor budget (Attachment F), and submit them electronically to MIPPA@aging.ny.gov. If unable to send these documents electronically, they may be mailed to NYSOFA via U.S. Postal Service. Refer to Program Instruction.

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

AAA: Warren/Hamilton Counties OFA

22-PI-17

Program Period: 9/1/2022 - 8/31/2023

	<b>Budget Category</b>	<b>Total Amount</b>	<b>SHIP Amount</b>	<b>AAA Amount</b>	<b>ADRC Amount</b>
1	Personnel	\$ 15,867.00	\$ 6,154.00	\$ 5,472.00	\$ 4,241.00
2	Fringe Benefits	\$ 5,553.00	\$ 2,154.00	\$ 1,915.00	\$ 1,484.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 2,901.00	\$ 1,432.00	\$ 1,058.00	\$ 411.00
6	Other Expenses	\$ -	\$ -	\$ -	\$ -
7	Contracts and/or Consultants	\$ 2,000.00	\$ 512.00	\$ 1,488.00	\$ -
8	<b>Total Budget (Sum of Lines 1-7)</b>	<b>\$ 26,321.00</b>	<b>\$ 10,252.00</b>	<b>\$ 9,933.00</b>	<b>\$ 6,136.00</b>
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	<b>Net Total Budget (Line 8 minus 9)</b>	<b>\$ 26,321.00</b>	<b>\$ 10,252.00</b>	<b>\$ 9,933.00</b>	<b>\$ 6,136.00</b>
11	<b>Federal Funds Requested</b>	<b>\$ 26,321.00</b>	<b>\$ 10,252.00</b>	<b>\$ 9,933.00</b>	<b>\$ 6,136.00</b>
12	<b>Local Funds (Line 10 minus 11)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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 OFA

1. Personnel - AAA salaries are listed here.		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 specificity 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.		
Complete for Each Position (N)ame, (T)itle, (L)ocation	Annual Salary*	Total Hours worked per week	Priority Areas	Hours worked per priority area per week	% of Time	Priority 1 SHIP		Priority 2 AAA	Priority 3 ADRC
1 N Hanna Hall T Specialist Aging Services L OFA	\$ 54,710.00	40	1: SHIP 2: AAA 3: ADRC	2.25 2 2	5.63% 5.00% 5.00%	\$ 3,077.00	\$ 2,736.00	\$ 2,736.00	
2 N Catherine Bearor T Specialist Aging Services L OFA	\$ 54,710.00	40	1: SHIP 2: AAA 3: ADRC	2.25 2 1.1	5.63% 5.00% 2.75%	\$ 3,077.00	\$ 2,736.00	\$ 1,505.00	
3 T L			1: SHIP 2: AAA 3: ADRC						
4 T L			1: SHIP 2: AAA 3: ADRC						
5 T L			1: SHIP 2: AAA 3: ADRC						
6 T L			1: SHIP 2: AAA 3: ADRC						
7 T L			1: SHIP 2: AAA 3: ADRC						
8 T L			1: SHIP 2: AAA 3: ADRC						
<b>TOTAL Program Personnel:</b>						<b>\$ 15,867.00</b>	<b>\$ 6,154.00</b>	<b>\$ 5,472.00</b>	<b>\$ 4,241.00</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.

<b>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>	<b>Fringe Benefit Rate %:</b>	<b>35.00%</b>	<b>TOTAL Fringe Benefits:</b>	<b>\$ 5,553.00</b>	<b>\$ 2,154.00</b>	<b>\$ 1,915.00</b>	<b>\$ 1,484.00</b>
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**MIPPA**  
**AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties OFA

**6. Other Expenses: List specific item and cost.**

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>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**7. Contracts/Consultants:**

**For Unit Cost Contracts/Consultants:** 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.

**For Line Item Contractors:** 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.

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
description:						
description:						
<b>Line Item Contractor</b> and description of service (List them individually and submit separate Contractor Budget)						
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:						
<b>Total Number of Contracts:</b>			<b>TOTAL:</b>	<b>\$ 2,000.00</b>	<b>\$ 512.00</b>	<b>\$ 1,488.00</b>

**8. Total Budget: (numbers 1-7)** \$ 26,321.00    \$ 9,252.00    \$ 9,933.00    \$ 6,136.00

**9. Program Income** \$ -    \$ -    \$ -    \$ -

**10. Net Total Budget** \$ 26,321.00    \$ 9,252.00    \$ 9,933.00    \$ 6,136.00

**11. Federal Funds Requested** \$ 26,321.00    \$ 9,252.00    \$ 9,933.00    \$ 6,136.00

**12. Local Funds:**

Source	Total Amount	Amount to SHIP	Amount to AAA	Amount to ADRC
<b>TOTAL Local Funds:</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

# 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 #2 (Warrensburg) Base Salary of Position: \$ 27,250 (30hr/week) 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: 12304/Hill Date of Vacancy: \_\_\_\_\_  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal \_\_\_\_\_ %  State <sup>75</sup> \_\_\_\_\_ %  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.** 1/18/23  
**Human Resources Director has approved this form when initialed.** 1/19/23

### 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 1/20/2023

### 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 1/20/23

### 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 Edna A Francis Date 1/24/23

## **MEAL SITE MANAGER**

**GENERAL STATEMENT OF DUTIES:** Supervises and participates in the serving of food at a meal site for the elderly; does related work as required.

**DISTINGUISHING FEATURES OF THE CLASS:** Employees in this class are responsible for overseeing the service of food and maintenance of cleanliness in dining areas at meal sites. Work is performed under the general direction of the Nutrition Service Coordinator. Supervision is exercised over the work of volunteer helpers who serve food to elderly persons at the site.

**EXAMPLES OF WORK;** (Illustrative only)

- Supervises and participates in the setting of tables and service of food at a meal site;
- Supervises the collection of and accounting for cash receipts;
- Prepares site layouts and makes recommendations for the maintenance and improvement of plant and equipment;
- Keeps records and prepares necessary reports for the Nutrition Service Coordinator and others;
- Plans and conducts recreational programs for the elderly in conjunction with meals programs;
- Provides information and referral services to elderly participants in the nutrition program;
- Provides information to the Office for the Aging and other community agencies to promote increased interest in the nutrition program;
- Receives, inspects, stores, and distributes supplies;
- maintains inventory and related records.

**REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:** Good knowledge of the proper methods of food service; good knowledge of sanitary requirements and proper care for glassware, tableware, silverware and dining areas; ability to plan and supervise the work of others; ability to get along well with elderly people; ability to understand and follow oral and written instructions; ability to keep records and prepare reports; tact; resourcefulness; good physical condition.

**MINIMUM QUALIFICATIONS:** One year of experience in serving food or one year of experience in a paid or volunteer program involving direct service to the aging; or any equivalent combination of training and experience.