

Human Services Committee Meeting
Countryside Adult Home
June 20, 2023

COMMITTEE MEMBERS: Supervisors: DRISCOLL, Frasier, Bruno, McDevitt, Runyon, Geraci and Smith
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. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
 1. Request: Request to transfer funds; A.6030 120 Part-Time salaries to A6030 120 Overtime in the amount of \$50,000
Rationale: Cover expenses that accrued from staffing shortages in 2023
- V. Discussion Items:
 1. Census
 2. Overtime Report
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

Attachments:

1. Request to Transfer Funds
2. Census
3. Overtime Report

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: 06/21/23

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 630 130	Part-Time Salaries	A.6030 120	Overtime	\$50,000

Please state reason for transfers requested: To cover overtime 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.

**COUNTRYSIDE ADULT HOME
CENSUS REPORT
2023**

MONTH	1ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	28	0	1	27
FEBRUARY	27	0	0	27
MARCH	27	0	1	28
APRIL	28	0	2	26
MAY	26	0	0	26
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2022/2023

Week End	2022	2023	Reason
01/02/22	124.30	243.59	Holiday Staff Shortages
01/17/22	111.25	66.78	Snowstorms
01/30/22	143.73	102.86	Holiday
02/14/21	76.63	25.47	Staff Shortages
02/28/21	123.07	124.91	Holiday Staff Shortages
03/14/21	45.13	13.25	Snowstorms
03/28/21	51.73	41.26	Snowstorm, Staff Shortages
04/11/21	99.29	35.20	Staff Shortages
04/25/21	104.30	40.73	Staff Shortages
05/09/21	99.36	139.30	Staff Shortages
05/23/21	69.87	103.61	Maintenance Emergency Staff Shortages
06/06/21	69.92	176.61	Staff Shortages
YTD	1118.58	1113.57	Holiday, Staff Shortages
06/20/21	55.46		
07/04/21	65.29		
07/18/21	135.97		
08/01/21	39.52		
08/15/21	39.19		
08/29/21	31.71		
09/12/21	137.60		
09/26/21	56.53		
10/10/21	104.83		
10/24/21	164.00		
11/07/21	64.45		
11/21/21	215.50		
12/05/21	225.04		
12/19/21	142.78		
12/31/21	243.59		
YTD	3958.62		



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

June 12, 2023

DAL: DAL 23-06
Subject: Enhancing the Quality of Adult
Living (EQUAL) Program for
SFY 2023-2024

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 **2023-2024** 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, 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 most recently closed 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 **2023-2024** application is an electronic application that will be posted on the Health Commerce System effective June 12, 2023

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-E, including all certifications in Section E, of the HCS application.
- Applications must be electronically submitted by **5:00 pm on** July 12, 2023. 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** July 12, 2023, 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 **2023-2024** 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,

KellyAnn Anderson, Director
Division of Adult Care Facility
and Assisted Living Surveillance

cc: equal@health.ny.gov

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Countryside Adult Home

DATE: 6/20/2023

- (a) Purpose of Grant:
Enhancing the Quality of Adult Living
- (b) Name of Grantor:
New York State Department of Health
- (c) Address of Contractor: **Empire Sate Plaza, Corning Tower, Albany, NY 12237**
- (d) Grantor's Contact Person and Telephone Number:
equal@health.ny.gov
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **The application is only available on DOH HERDS platform**
- (f) Effective Date of Grant: **TBD**
- (g) Termination Date of Grant: **TBD**
- (h) Total Dollar Amount Involved (not to exceed): **TBD**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
7/12/2023
- (j) Is a Budget amendment required? **TBD** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? **NO** 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