

Human Services Committee Meeting
Countryside Adult Home
November 20th 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: Authorization to pay ESAAL Annual Membership Dues in the amount of \$1344.00
Rationale: DOH regulations are complex, ESAAL is an excellent resource for interpretation and any related compliance issues.
The membership also offers training opportunities at a discounted rate for members, DOH requires 60 credit hours every 2-year cycle.
 2. Request: To increase adult day care rate from \$45.00 per day to \$60.00. Then subsequently each year increasing at the same percentage the state sets the public home rate.
Rationale: There hasn't been an increase in the rate since 2011, when adult day care was authorized.
 3. Request: Renew service agreement with HHHN for Physicals, Vaccinations and PPD's that are a DOH requirement for new hires and annually.
Rationale: Mandated per Department of Health and is 50% reimbursable.
 4. Request: To transfer \$2000.00 from Full-Time Salaries and \$5000.00 from Part-Time Salaries to Overtime.
 5. Rationale: Cover overtime expenses through year end.
 6. Request: Amend County Budget to increase expenses and revenue based on EQUAL Award in the amount of \$21,413.00 increasing A.630 410 Supplies by \$10,706.50 and A.630.275 by \$10,706.50.
Rational: The grant is used to enhance the lives of seniors in assisted living facilities.
- 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. Resolution Request No. 20
2. Resolution Request No. 20
3. Resolution Request No. 4
4. Resolution Request No. 10
5. Resolution Request No. 7
6. Census
7. Overtime Report

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: 11/20/2023

- (a) Purpose of Request: **Request Authorization to pay ESAAL Annual Membership Dues of \$1344 in January 2024.**
- (b) Details: **DOH regulations are complex,the ESAAL is an excellent resource for interpretation as well as answering questions. The program advises on compliance issues as well insight on plans of correction.
The program offers training that meets the 60 credits that is a DOH requirement at a discounted price for members.**
- (c) Previous Resolution Number: **719 of 2022**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.6030 427-Memberships & Dues**

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

* as listed in budget and LOGOS

EMPIRE STATE ASSOCIATION OF ASSISTED LIVING

646 PLANK ROAD, SUITE 203
CLIFTON PARK, NY 120652081
(518)371-2573

INVOICE

BILL TO

Countryside Adult H
353 Schroon River Road
Warrensburg, New York 12885

INVOICE # 31360
DATE 01/01/2024
DUE DATE 01/31/2024
TERMS Net 30

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	DUES- PROVIDER MEMBER	48 Adult Home beds @ 28.00 = 1344.00 Annually.	1	1,344.00	1,344.00
		Member elects to be invoiced annually.			0.00

BALANCE DUE **\$1,344.00**

Member Dues are \$28 dollars per Adult Home Bed (AH) or Enriched Housing Bed (EHP) and/or \$33 dollars per Assisted Living Bed (ALP) per year.

ESAAL dues may be deducted as a business expense but not as a charitable contribution. ESAAL estimates that the NON-DEDUCTABLE portion of your dues allocable to lobbying is 7% for 2023

Please Make Checks payable to ESAAL.

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: 11/20/2023

- (a) Purpose of Request: **Increase the adult day care rate to \$60.00 per day. Each year the rate will increase at the same rate the state sets forth for the public home daily rate.**
- (b) Details: **The rate of \$45.00 per day was set in 2011 and there hasn't been an increase in price.**
- (c) Previous Resolution Number: **161 of 2011**
- (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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Countryside Adult Home

DATE: 11/18/18

- (a) Purpose of Contract Change: **Renew Service Agreement with Hudson Headwaters Health Network for employee and new hire physicals, vaccinations and ppd placements.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **210 of 2021**
- (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: **1/1/24**
- (g) Termination Date of Extension: **12/31/25**
- (h) Payment Provisions: i) lump sum amount **Each Physical \$ 145.00 & PPD \$17.00 Hepatitis B Vaccinations \$180.00 Tdap Vaccine \$49.00 Influenza Vaccine \$25.00**
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 after each 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:

**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



GEORGE PURDUE
ADMINISTRATIVE BUILDING
9 CAREY ROAD
QUEENSBURY, NY 12804
518-761-0300
WWW.HHHN.ORG

Delivered via email mcbyrnea@warrencountyny.com

July 17, 2023

Countryside Adult Home
353 Schroon River Road
Warrensburg NY 12885
Attn: Ms. Amy McByrne, Director

Re: 2024 – 2025 Employee Physical Examination Agreement Proposal of New Rates

Dear Ms. McByrne,

For the period of January 1, 2024 – December 31, 2025, Hudson Headwaters Health Network will provide the following services to Countryside Adult Home employees for the rates indicated below.

Physical Exam – \$145.00 each
PPD – \$17.00 each
Hepatitis B Vaccinations (series of 3 required) - \$60 each totaling \$180 for the series.
Tdap (tetanus, diphtheria toxoids and acellular pertussis) Vaccine - \$49 each
Influenza Vaccine - \$25 each

In the event that additional services are needed as conditions of employment, you will need to reach out for pricing. We will need to amend the Agreement to include those services.

If you have any questions or concerns, please contact me at (518) 761-0300 ext. 31558 or via email ctournier@hhhn.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chris Tournier', written over a white background.

Christopher Tournier
Chief Financial Officer
Hudson Headwaters Health Network

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: 11/20/2023

<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	\$5,000
A. 630 110	Full-Time Salaries	A. 6030 120	Overtime	\$2,000

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.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Countryside Adult Home

DATE: 11/20/2023

- (a) Purpose of Amendment: **To increase expenses and revenue based on an EQUAL Award received by NYS DOH (Please see attached)**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.6030 410 Supplies \$10,706.50 A.6030.275 \$10,706.50**

- (c) Revenue Code (with title), and Amount: **A.6030 3635 State Revenue \$21,413.00, the money is anticipated and will put in A 691.00 when received.**

- (d) **Deferred Revenue. The money was received as part of a grant to enhance the lives of our residents for the fiscal year of 2023-2024**



Department of Health

KATHY HOCHUL
Governor

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

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

September 18, 2023

Sent via email/Certified Mail:

Countryside Adult Home
353 Schroon River Road
Warrensburg, New York 12885
mcbyrne@warrencountyny.gov

Re: 2023-24 EQUAL Intent to Award

Dear Administrator/Operator:

The New York State Department of Health ("Department") is pleased to notify you of the intent to award Countryside Adult Home in response to your 2023-24 EQUAL Program application. Please note, this is not confirmation of an award; to receive your funding, you must complete and submit a proposed Spending Plan by **October 6, 2023**. Upon receipt, your proposed Spending Plan will be reviewed and upon approval, a formal funding notice will be issued.

Please review with your eligible residents the anticipated award outlined below to identify how to utilize the full award value. Upon completion, please submit Attachment 1: EQUAL 2023-24 Proposed Spending Plan with either Resident Council Representative Approval or, in the event your facility does not have a formalized Resident Council, Resident Petition in Support (enclosed for ease of reference).

The anticipated award will be funded as follows:

Capital Improvement Projects: \$10,706.50
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

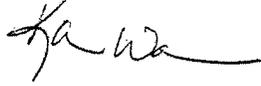
Local Assistance Projects: \$10,706.50

These funds are used 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.

Failure to submit your complete, proposed Spending Plan by the designated deadline will result in forfeiture of your award. Your proposed Spending Plan must be received by October 6, 2023 via email to equal@health.ny.gov. Please note, no alternative method of submission is accepted. Due to its time sensitivity, the Department will confirm receipt of the proposal within 24 hours of receipt; if you do not receive a confirmation of receipt, please resubmit. The Department is unable to issue due date reminders to facilities.

If you have any questions, please send an email to equal@health.ny.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ka Walker", with a long horizontal flourish extending to the right.

Karen Walker, Deputy Director
Division of Adult Care Facility
and Assisted Living Surveillance

cc: D. Pulver
K. Anderson
EQUAL File

**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	26	0	1	25
JULY	25	0	1	24
AUGUST	24	0	0	24
SEPTEMBER	24	2	1	25
OCTOBER	25	0	1	24
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
06/20/21	55.46	30.00	Staff Shortages
07/04/21	65.29	96.28	Holiday Renovation Project
07/18/21	135.97	139.14	Holiday Renovation Project
08/01/21	39.52	13.70	Renovation Project
08/15/21	39.19	48.94	Staff Shortages
08/29/21	31.71	90.81	Staff Shortages
09/12/21	137.60	149.45	Holiday Staff Shortages Mech.Issue
09/26/21	56.53	77.01	Staff Shortages
10/10/21	104.83	91.07	Training Renovations
10/24/21	164.00	145.19	Holiday
11/07/21	64.45	29.73	Renovation Project, Fire Watch
YTD	2013.13	2024.89	
11/21/21	215.50		
12/05/21	225.04		
12/19/21	142.78		
12/31/2	243.59		
YTD	4853.17		