

HEALTH SERVICES COMMITTEE  
OFFICE FOR THE AGING  
July 23, 2024

COMMITTEE MEMBERS: Strainer, Runyon, Gilligan, Bruno, Patchett, Wild, and Thomas  
*- 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: Enter into contract with Hudson Headwaters Health Network to offer HDM (home delivered meals) to their PACE clients at a rate of \$14.50/meal.  
Rationale: This will be revenue for our HDM program.
  2. Request: Submit NY Connects Application for 4/1/24-3/31/25 in the amount of \$224,678.00, due August 2, 2024.  
Rationale: NY Connects is 100% funded and allows us to provide long term care assistant and support. Application was received 6/21/2024.
- V. Discussion Items:
  1. Senior Picnic – September 24<sup>th</sup> at the Warren County Fish Hatchery
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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Attachments:

1. 03 New Contract – Hudson Headwaters Health Network
2. 05 Apply for Grant – NY Connects '24-'25

# ***RESOLUTION REQUEST FORM NO. 3***

## ***Request for New Contract***

**DEPARTMENT NAME: Office for the Aging**

**DATE: 07/03/2024**

- (a) Is this a Result of a Bid or Request for Proposal? No
  
- (b) Purpose of Contract: Authorizing an agreement with Hudson Headwaters Health Network to provide HDM(Home Delivered Meals) to their PACE clients at a reimbursement rate of \$14.50/meal.
  
- (c) Name of Contractor: PACE, Hudson Headwaters Health Network
  
- (d) Address of Contractor: 38 Larose Street, Glens Falls, NY 12801
  
- (e) Contractor's Contact Person and Telephone Number: Michele Boxley, PH#(518)886-7213, mboxley@pacehh.org
  
- (f) Has or will the Contract be provided, if so, please attach: Provided
  
- (g) Commencement Date of Contract: When PACE receives approval, fall '24
  
- (h) Termination Date of Contract: 3 years from effective date, with option for annual renewals.
  
- (i) Payment Provisions:
  - i) lump sum amount No cost to County
  - 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.
  
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: N/A

## ***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: 7/3/2024**

- (a) Purpose of Grant: **NY Connects**
- (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: **4/1/2024**
- (g) Termination Date of Grant: **3/31/2025**
- (h) Total Dollar Amount Involved (not to exceed): **\$224,678.00**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **8/2/2024 (Received 6/21/24)**
- (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

**New York State Office for the Aging  
NY Connects - Grant Application Cover Page  
24-PI-08  
Program Period: 04/01/24-03/31/25**

County AAA: Warren/Hamilton Counties Office for the Aging

AAA Director: Deanna Park

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

AAA Phone: (518)761-6347

Contact person: Deanna Park Phone: (518)761-6347

Email: parkd@warrencountyny.gov

The AAA agrees to comply with the conditions in this application for funding as approved by NYSOFA and comply with all local, state, and federal laws, regulations, and issuances including, but not limited to:

- 14-PI-16: NY Connects Choices for Long Term Care - Revised Program Standards
- 24-PI-08 NY Connects Application Procedures for AAAs Implementing and Operating a NY Connects System
- 12-PI-08: Equal Access to Services and Targeting Policy
- 20-PI-01: Updated NY Connects Statewide Resource Directory Inclusion/Exclusion Policy
- The AAA's 2024-2028 Area Plan
- Subsequent updates and amendments to local, state, and federal laws, regulations, and issuances.

The person authorized to enter into an agreement with NYSOFA must sign below.

Kevin Geraghty  
Print Name

Chair of the Warren County Board of Supervisors  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NY Connects Expansion and Enhancement 2024-2025**  
**SUMMARY BUDGETS**  
**24-PI-08**

AAA: **Warren/Hamilton Counties Office for the Aging** **Allocation Amount**  
\$224,678.00

Program Period: April 1, 2024 - March 31, 2025

<b>Budget Category</b>		<b>Budget Amount</b>
1	Personnel	\$154,459.00
2	Fringe Benefits	\$57,150.00
3	Equipment	
4	Travel	\$2,000.00
5	Maintenance and Operations	\$8,719.00
6	Other Expenses	\$2,350.00
7	Contracts and/or Consultants	
8	<b>Total Budget (Sum of Lines 1-7)</b>	\$224,678.00
9	<b>State Funds Requested</b>	\$224,678.00
10	<b>Local Funds</b>	

Notes The Total Budget amount (Line 8) must equal the Total Budget amount (Line 8) on the last page.

Area Agencies may include additional Local Funding in the budget above, however additional funds are not required.

## NY Connects Expansion and Enhancement 2024-2025 Supporting Budget Schedules

AAA: Warren/Hamilton Counties Office for the Aging

Complete for Each Position (N) Name, (T) Title, (L) Location		Annual Salary or Hourly Rate*	Hours worked on program per week	Total Hours worked per week	Chargeable to Program		Narrative justification: For each position, provide a brief summary of duties related to each program.
					% of Time	Amount	
1	N Deanna Park T Director/NY Connects Coordinator L OFA Office, Lake George, NY 12845	\$88,586	15	40	37.50%	\$33,220.00	The NY Connects Coordinator is responsible for all facets of the program. Works with the LTCC leadership and completes reporting. Policy review and revision. Attends NWD, LTCC meetings, etc.
2	N RoseAnn O'Rourke T Coordinator of Services L OFA Office, Lake George, NY 12845	70,118	8	40	20.00%	\$14,024.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
3	N Catherine Bearor T Aging Services Specialist L OFA Office, Lake George, NY 12845	54,710	8	40	20.00%	\$10,942.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
4	N Joanna Hall T Aging Services Specialist L OFA Office, Lake George, NY 12845	54,710	8	40	20.00%	\$10,942.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
5	N Cynthia Coulter T Services Assistant L OFA Office, Lake George, NY 12845	44,483	8	40	20.00%	\$8,897.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
6	N Stephanie Belden T Services Assistant L OFA Office, Lake George, NY 12845	43,830	8	40	20.00%	\$8,766.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
7	N Cynthia Cabana T Services Assistant L OFA Office, Lake George, NY 12845	21,594	20	20	100.00%	\$21,594.00	Answer phone calls, conducts screening, HVs, input notes and information into Peerplace reporting system, conducts options counseling. Works with NY Connects Coordinator to handle outreach, education
8	N Mary Ann McCarthy T Services Assistant L OFA Office, Lake George, NY 12845	49,545	8	40	20.00%	\$9,909.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling. Responsible for quarterly newsletter
9	N Sherry Hanchett T Services Assistant L OFA Office, Lake George, NY 12845	49,545	20	40	50.00%	\$24,773.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling. Updates NY Connects Resource Directory.
10	N Dinah Kawaguchi T Typist L OFA Office, Lake George, NY 12845	18,498	5	20	25.00%	\$4,625.00	Answers NY Connects line, can give basic information, transfers to other staff trained in Person Centered/Optoins Counseling.
11	N Jeffrey Haines T Fiscal Coordinator L OFA Office, Lake George, NY 12845	54,136	5	40	12.50%	\$6,767.00	The Fiscal Coordinator handles all NY Connects fiscal functions, including purchasing and A/P, budget monitoring, voucher preparation and claims processing.
<b>TOTAL Program Personnel:</b>							<b>\$154,459.00</b>

\*Note: If employee is paid a salary, then list the annual salary. If employee is not on salary, then list the hourly rate. When reporting the rate of pay on vouchering forms, the format (i.e., salary or hourly rate) must match this budget (although the actual salary or the hourly rate paid may be different than budgeted).

**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**

Fringe Benefit Rate %:	37.00%
<b>TOTAL Fringe:</b>	<b>\$57,150.00</b>

## NY Connects Expansion and Enhancement 2024-2025 Supporting Budget Schedules

AAA: Warren/Hamilton Counties Office for the Aging

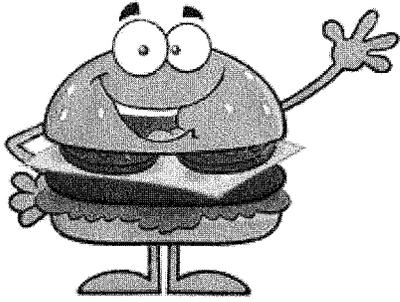
<b>3. Equipment:</b>																
<ul style="list-style-type: none"> <li>•List all equipment items whether purchased or leased.</li> <li>•Provide a detailed description for all equipment with a unit cost of \$1,000 or more.</li> <li>•Equipment with a unit cost of less than \$1,000 should be listed individually under Miscellaneous Equipment in the Maintenance &amp; Operations budget section.</li> </ul>																
<b>Item and Description</b>	<b>Quantity</b>	<b>Unit Purchase Price</b>	<b>Percent Chargeable to Program</b>	<b>Amount Chargeable to Program</b>												
<b>TOTAL Equipment</b>																
<b>4. Travel:</b>																
<ul style="list-style-type: none"> <li>•List travel costs. Include travel costs for NY Connects staff participating in the NYSOFA NWD PCC In-Person training to be held in Albany, NY.</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> </ul>																
<b>Mileage:</b> _____ miles @ _____ per mile <b>Parking &amp; Tolls</b> <b>Public Transportation:</b> <b>Rental Vehicles (specify destination):</b> <b>Other Travel Costs (Specify):</b>				<b>Program Expenses</b>												
				<b>\$2,000.00</b>												
ACUU conference (hotel room for 2 staff, registration fee for 11 staff members);																
<b>Reasons for Travel:</b>																
<b>TOTAL Travel</b>				<b>\$2,000.00</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>																
<b>Equipment Maintenance and Repair:</b> <b>Postage:</b> Sending information to clients, providers, etc <b>Printing &amp; Photocopying:</b> copying information for clients, brochures, housing <b>Rent:</b> <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th>Monthly Rent</th> <th>% Charge to Prg</th> <th>No. of months</th> </tr> </thead> <tbody> <tr> <td>NY Connects:</td> <td> </td> <td> </td> </tr> <tr> <td>Location:</td> <td> </td> <td> </td> </tr> <tr> <td>Owner:</td> <td> </td> <td> </td> </tr> </tbody> </table> <b>Supplies:</b> copy paper, notebooks, pens, folders, toner, binders, etc. <b>Telephone:</b> MiFi Access & telephone <b>Utilities:</b> <b>Miscellaneous Equipment (List Items):</b>				Monthly Rent	% Charge to Prg	No. of months	NY Connects:			Location:			Owner:			<b>Program Expenses</b>
Monthly Rent	% Charge to Prg	No. of months														
NY Connects:																
Location:																
Owner:																
				<b>\$1,000.00</b>												
				<b>\$2,500.00</b>												
				<b>\$3,219.00</b>												
				<b>\$2,000.00</b>												
<b>TOTAL M&amp;O:</b>				<b>\$8,719.00</b>												

# NY Connects Expansion and Enhancement 2024-2025

## Supporting Budget Schedules

AAA: Warren/Hamilton Counties Offi

<b>6. Other Expenses: List specific item and cost.</b>		
<ul style="list-style-type: none"> <li>•Itemize all Public Education costs.</li> <li>•Public educational and public service announcement type advertising materials are acceptable expenses for informational brochures and educational or informational outreach materials. Public educational/informational outreach materials may include items such as pens, magnets, chip clips etc.</li> <li>•Food and refreshments (other than travel related expenses) are not an allowable expense under this funding.</li> </ul>		
<b>Public Education:</b>		<b>Amount</b>
Greater Glens Falls Senior Center Senior Expo Fee		\$125.00
<b>Information Technology (Specify):</b>		<b>Amount</b>
Annual User Fees - \$75/user x 15 users (13 staff & 2 conference rooms)		\$1,125.00
<b>Other (Specify):</b>		<b>Amount</b>
Insurance (25%)		\$700.00
Dues (25%)		\$400.00
<b>TOTAL Other Expenses:</b>		<b>\$2,350.00</b>
<b>7. Contracts/Consultants:</b>		
<ul style="list-style-type: none"> <li>•List each contractor or consultant, amount, and describe service below.</li> <li>•A copy of each contract or consultant agreement must be submitted to NYSOFA before reimbursement will be made.</li> <li>•Complete and submit a Contractor Budget for each contractor that will receive 25% or more of your grant amount in the form of line item contracts.</li> <li>•For Consultants, please list unit rate (e.g., \$25 per hour) and Number of Units in the columns provided. (Note: If you hire a translator, language and/or sign interpreter, include the expense here.) DSS or other county partners' salaries are to be listed in this section.</li> <li>•The Unit Rate and Number of Units do not need to be completed for line item contracts.</li> </ul>		
Contractor/Consultant and description of service (List them individually)	# of Units (Consultant)	Program Total
N/A		
<b>TOTAL Contractors/Consultants:</b>		
<b>8. Total Budget: (numbers 1-7)</b>		<b>\$224,678.00</b>
<b>9. State Funds Requested</b>		\$224,678.00
<b>10. Local Funds: Describe below</b>		Amount
<b>TOTAL Local Funds:</b>		



# WARREN/HAMILTON COUNTIES OFFICE FOR THE AGING SENIOR PICNIC 2024

- WHEN:** Tuesday, September 24<sup>th</sup>
- TIME:** 10AM, Refreshments:  
Tea, Coffee & Donuts  
12PM Lunch:  
Hot Dogs & Hamburgers, Coleslaw,  
Macaroni Salad, Watermelon,  
Strawberry Shortcake
- WHERE:** Warren County Fish Hatchery  
145 Echo Lake Road  
Warrensburg, NY 12885
- COST:** \$5, Tickets may be purchased at the Office for  
the Aging at 1340 State Route 9, Lake George, NY  
12845 or one of the meal site locations.

Please make sure to get and keep your receipt for entry to the picnic and door prizes.

**Purchase Tickets by September 13th**

Please call 518-761-6347 for further questions.

HIGHLIGHTS: Blood Pressure Clinic, Information Booths, Door Prizes and Games