

HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING
January 21, 2025

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: Submit MIPPA (Medicare Improvements for Patients and Providers Act) application for 9/1/24-8/31/25 in the amount of \$40,523.00, due January 24, 2025.
Rationale: MIPPA is 100% funded and allows us to provide insurance counseling to clients. Application was received 12/19/2024.
 2. Request: Amend contract with Countryside Adult Home to increase the cost per meal to \$5.50 and increase the do not exceed amount to \$150,000.
Rationale: A cost analysis was done to determine the current cost per meal based on increased costs for items and it was agreed that the price per meal should increase from \$5 to \$5.50.
- V. Discussion Items:
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

Attachments:

1. 05 Apply for Grant – MIPPA Grant 9/1/24-8/31/25
 - a. Grant Application
2. 04 Amend Existing Contract – CSAH for Nutrition Program

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: 12/26/2024

- (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, 4th 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: **9/1/2024**
- (g) Termination Date of Grant: **8/31/2025**
- (h) Total Dollar Amount Involved (not to exceed): **\$40,523**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **1/24/2025(released 12/19/2024)**
- (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 PROGRAM (MIPPA)
AAA Budget**

AAA: Warren/Hamilton Counties Office for the Aging
Program Period: 9/1/2024 - 8/31/2025

24-PI-13

	Budget Category	Total Amount	SHIP Amount	AAA Amount	ADRC Amount
1	Personnel	\$ 27,174.00	\$ 9,007.00	\$ 9,389.00	\$ 8,778.00
2	Fringe Benefits	\$ 9,510.00	\$ 3,152.00	\$ 3,286.00	\$ 3,072.00
3	Equipment	\$ -	\$ -	\$ -	\$ -
4	Travel	\$ -	\$ -	\$ -	\$ -
5	Maintenance and Operations	\$ 1,602.00	\$ 547.00	\$ 555.00	\$ 500.00
6	Other Expenses	\$ 237.00	\$ 79.00	\$ 79.00	\$ 79.00
7	Contracts and/or Consultants	\$ 2,000.00	\$ 665.00	\$ 670.00	\$ 665.00
8	Total Budget (Sum of Lines 1-7)	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00
9	Program Income	\$ -	\$ -	\$ -	\$ -
10	Net Total Budget (Line 8 minus 9)	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00
11	Federal Funds Requested	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00
12	Local Funds (Line 10 minus 11)	\$ -	\$ -	\$ -	\$ -

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 Office for the Aging

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
1 T Specialist Aging Services N Johanna Hall L OFA	\$ 61,066.00	40	1: SHIP 2: AAA 3: ADRC	5.15 5.4 5	12.88% 13.50% 12.50%	\$ 7,862.00	\$ 8,244.00	\$ 7,633.00
2 T Catherine Bearor L OFA	\$ 61,066.00	40	1: SHIP 2: AAA 3: ADRC	.75 .75 .75	1.88% 1.88% 1.88%	\$ 1,145.00	\$ 1,145.00	\$ 1,145.00
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					
TOTAL Program Personnel:						\$ 9,007.00	\$ 9,389.00	\$ 8,778.00

*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.

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 %:	35.00%
TOTAL Fringe Benefits:	\$ 3,152.00
TOTAL Fringe Benefits:	\$ 3,286.00
TOTAL Fringe Benefits:	\$ 3,072.00

**MIPPA
AAA Supporting Budget Schedule**

AAA: Warren/Hamilton Counties Office for the Aging

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
Dues - Association on Aging (Total is \$1,635)	\$1,635.00	14.50%	\$ 237.00	\$ 79.00	\$ 79.00	\$ 79.00
TOTAL Other Expenses:			\$ 237.00	\$ 79.00	\$ 79.00	\$ 79.00

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:						
Line Item Contractor and description of service (List them individually and submit separate Contractor Budget)						
Greater Glens Falls Seniro Center - Promotion & Education			\$ 2,000.00	\$ 665.00	\$ 670.00	\$ 665.00
description:						
(Placing articles in their newsletter, providing handouts to indiv						
description:						
Total Number of Contracts:		TOTAL:	\$ 2,000.00	\$ 665.00	\$ 670.00	\$ 665.00

8. Total Budget: (numbers 1-7)	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00
9. Program Income				
10. Net Total Budget	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00
11. Federal Funds Requested	\$ 40,523.00	\$ 13,450.00	\$ 13,979.00	\$ 13,094.00

12. Local Funds:				
Source	Total Amount	Amount to SHIP	Amount to AAA	Amount to ADRC
TOTAL Local Funds:		\$ -	\$ -	\$ -

New York State Office for the Aging
Medicare Improvements for Patients and Providers Act
Final Allocation Schedule - September 1, 2024 to August 31, 2025

<u>COUNTY</u>	<u>SHIP⁽¹⁾</u>	<u>AAA⁽¹⁾</u>	<u>ADRC</u>	<u>Total Allocation</u>
ALBANY	\$ 14,051	\$14,603	\$9,475	\$ 38,129
ALLEGANY	7,774	8,080	6,600	22,454
BROOME	12,347	12,832	9,049	34,228
CATTARAUGUS	8,145	8,465	7,345	23,955
CAYUGA	8,223	8,547	6,813	23,583
CHAUTAUQUA	10,419	10,828	8,729	29,976
CHEMUNG	8,545	8,881	6,920	24,346
CHENANGO	7,774	8,080	6,707	22,561
CLINTON	7,938	8,250	6,813	23,001
COLUMBIA	7,774	8,080	6,707	22,561
CORTLAND	7,774	8,080	6,600	22,454
DELAWARE	7,774	8,080	6,707	22,561
DUTCHESS	12,499	12,990	9,155	34,644
ERIE	37,352	38,820	26,827	102,999
ESSEX	7,774	8,080	6,600	22,454
FRANKLIN	7,774	8,080	7,771	23,625
FULTON	7,774	8,080	6,707	22,561
GENESEE	7,774	8,080	6,707	22,561
GREENE	7,774	8,080	6,707	22,561
HERKIMER	8,114	8,433	6,707	23,254
JEFFERSON	8,520	8,856	6,920	24,296
LEWIS	7,774	8,080	6,494	22,348
LIVINGSTON	7,774	8,080	6,707	22,561
MADISON	7,774	8,080	6,707	22,561
MONROE	25,229	26,220	24,804	76,253
MONTGOMERY	7,774	8,080	6,707	22,561
NASSAU	37,056	38,512	27,040	102,608
NIAGARA	12,596	13,090	9,155	34,841
ONEIDA	13,688	14,226	9,262	37,176
ONONDAGA	18,649	19,381	23,527	61,557
ONTARIO	8,308	8,635	6,813	23,756
ORANGE	13,305	13,829	9,687	36,821
ORLEANS	7,774	8,080	6,600	22,454
OSWEGO	8,878	9,227	- ⁽³⁾	18,105
OTSEGO	7,774	8,080	6,707	22,561
PUTNAM	7,774	8,080	6,813	22,667
RENSSELAER	9,776	10,160	- ⁽³⁾	19,936
ROCKLAND	12,826	13,330	- ⁽³⁾	26,156
ST. LAWRENCE	9,109	9,466	8,623	27,198
SARATOGA	10,231	10,633	8,836	29,700
SCHENECTADY	10,304	10,709	8,729	29,742
SCHOHARIE	7,774	8,080	6,600	22,454
SCHUYLER	7,774	8,080	6,494	22,348
SENECA	-	-	- ⁽³⁾	-
STEUBEN	8,817	9,164	6,920	24,901
SUFFOLK	33,836	35,165	27,571	96,572
SULLIVAN	8,302	8,629	6,813	23,744
TIOGA	7,774	8,080	6,600	22,454
TOMPKINS	7,774	8,080	6,707	22,561
ULSTER	10,813	11,238	8,942	30,993
WARREN/HAMILTON	13,450	13,979	13,094	40,523
WASHINGTON	7,774	8,080	6,707	22,561
WAYNE	8,198	8,521	6,813	23,532
WESTCHESTER	26,534	27,576	25,656	79,766
WYOMING	7,774	8,080	6,600	22,454
YATES	7,774	8,080	6,494	22,348
NYC	296,396	308,007	- ⁽³⁾	604,403
SENECA NATION	-	-	- ⁽³⁾	-
ST. REGIS	3,886	4,039	3,726	11,651
TOTAL	\$ 922,916	\$959,161	\$501,514	\$2,383,591

Footnotes:

(1) As in the previous MIPPA grant, all counties have been designated for rural outreach except: NYC; Westchester, Nassau and Suffolk Counties. One third of the funding is designated for Rural outreach counties only.

(2) The ADRC responsible for Hamilton and Warren Counties is a multi-county model and is administered through Warren County. Hamilton County's allocation is combined with Warren County and the sum is shown as awarded to Warren County.

(3) No functioning ADRC in this County prior to September 30, 2014, therefore, there is no ADRC award.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: January 7, 2025

- (a) Purpose of Contract Change: **Change cost per meal to \$5.50/meal, increase do not exceed amount to \$140,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **99 of 2012, 60 of 2019, 458 of 2022**
- (c) Name of Contractor: **Countryside Adult Home**
- (d) Address of Contractor: **353 Schroon River Road, Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **Amy McByrne, PH#(518)623-3451.**
- (f) Commencement Date of Extension: **1/1/2025**
- (g) Termination Date of Extension: **12/31/2025, with option to renew annually if not changes to contract.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$5.50/meal**
 - iii) total amount not to exceed **\$140,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**)
- (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**

**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