

HEALTH SERVICES COMMITTEE
OFFICE FOR THE AGING
February 27, 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 4 Year Plan to NYSOFA (New York State Office for the Aging).
The plan details our goals for the next four years, as well as our budget for 2024.
Rationale: The plan was not released until June 21, 2024.
 2. Request: Amend contract with Greater Adirondack Home Aides to increase hourly rate from \$28/hr to \$30/hr under our EISEP (Expanded In-Home Services for the Elderly Program) contract.
Rationale: Greater Adirondack Home Aides has not had a rate increase since 2023. The not to exceed amount will remain the same.
 3. Request: Amend contract with Greater Adirondack Home Aides to increase hourly rate from \$28/hr to \$30/hr under our Title IIIIE (Caregiver) contract.
Rationale: Greater Adirondack Home Aides has not had a rate increase since 2023. The not to exceed amount will remain the same.
 4. Request: MOU with Warren/Washington RSVP (Tri County United Way) to collaborate on volunteer recruitment for the HDM (home delivered meals) program.
Rationale: There is no financial obligation on either party.
- V. Discussion Items:
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

Attachments:

1. 20 Misc – Submit Four Year Plan
 - a. Four Year Plan (not included in printed agenda)
2. 04 Amend Existing Contract – GAHA for EISEP Program
3. 04 Amend Existing Contract – GAHA for Title IIIIE Program
4. 03 New Contract – Warren/Washington RSVP for Volunteers

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: Warren/Hamilton Counties Office for the Aging

DATE: 2/14/2025

- (a) Purpose of Request: **Submit 2024-2028 Four Year Plan to NYSOFA.**

- (b) Details: **Every four years NYSOFA requires each Office for the Aging to submit a Four Year Plan, with Annual Updates submitted each year. The Four Year Plan for 2024-2028 was released on June 21, 2024.**

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **N/A**

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

* as listed in budget and LOGOS



Office for the Aging

Welcome Deanna Park

This data has been locked.

AAA: Warren/Hamilton - 52
Original Date Submitted: 02/07/2025
Date Revised:

Date Last Saved: 01/16/2025 | Last Saved By: Deanna Park

**2024-28 FOUR YEAR PLAN
APRIL 1, 2024-MARCH 31, 2028
FOR OLDER AMERICANS ACT,
NEW YORK STATE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM,
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM,
CONGREGATE SERVICES INITIATIVE,
WELLNESS IN NUTRITION,
UNMET NEED,
STATE TRANSPORTATION PROGRAM,
CAREGIVER RESOURCE CENTER, and
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM**

This document, including the applications and attachments, fulfills the "Area Plan" requirement under the Older Americans Act, as amended, and the "County Plan" requirement under Section 214 of the New York State Elder Law.

Area Agency on Aging (AAA): Warren/Hamilton Counties Office for the Aging County Code: 52

Director's Name: Deanna Park Title: Director
Address: 1340 State Route 9
City: Lake George, New York ZipCode: 12845
Phone Number: (518)824-8820 Ext. Email: parkd@warrencountyny.gov

For County/City of New York/Native American Organization

Name of the Chief Executive Officer: Kevin Geraghty Title: Chair of Board of Supervisors
Address: 1340 State Route 9
City: Lake George, New York ZipCode: 12845
Phone Number: (518)761-6535 Ext. Email: Kevin.Geraghty@TownOfWarrensburg.net

OR

If other than County/City of New York/Native American Organization

Name of the Sponsoring Organization:
Name of Chief Officer of the Governing Body of the Sponsoring Organization: Title:
Address:

City: _____, New York ZipCode: _____

Phone Number: _____ Ext. _____ Email: _____

Official Authorized to Receive Payments on behalf of the AAA

Name: Christine Norton Title: Treasurer

Address: 1340 State Route 9

City: Lake George, New York ZipCode: 12845

Phone Number: (518)761-6379 Ext. _____ Email: nortonc@WarrenCountyNY.gov

**Submit To:
New York State Office for the Aging
Division of Local Program Operations
2 Empire State Plaza
Albany, NY 12223-1251**

This data has been locked.

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GOALS

Complete the GOAL framework for each of the goals below and any additional goals added by the AAA.

See Goals section of Guide for Completion for instructions on how to complete the GOAL framework.

Goal 1

G Goal	Further the vision of the Older Americans Act to cultivate innovative approaches reflective of local needs and preferences.
O Objective(s)	<ol style="list-style-type: none"> 1. WHCOFA staff will work with local providers to foster relationships, providing effective and efficient means for information sharing, thus allowing for WHCOFA staff to be knowledgeable about and capable of providing timely, accurate, and quality I&A to older adults and caregivers on programs and services that can assist them with living independently in their community; 2. Increase the availability of I&A provided by WHCOFA through the increased availability of web-based applications, postal mail, outreach events. The POLCO Survey results indicated that information about available services for older New Yorkers was an area to focus on in both Warren and Hamilton Counties.; 3. Support NY Connects NWD partners to ensure all information is provided to individuals in their preferred mode of communication (by phone, email, etc.) to be inclusive of accessibility for individuals with disabilities and individuals with limited English proficiency; 4. Provide ongoing training as needed, such as person-centered counseling training to NY Connects staff, CADER case management, cultural competency training, etc.; 5. Enhance transportation program for social and medical transportation in both Warren and Hamilton Counties. The lack of transportation was another area of top concern in the POLCO survey for both Warren and Hamilton Counties; 6. Develop innovative strategies towards the provision of outreach and education to promote awareness, knowledge, and visibility of HIICAP services. (In particular in Hamilton County, as this was a focus area identified in the POLCO survey).

<p>A</p> <p>Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. WHCOFA have staff meetings every other week. The first 30 minutes of these staff meetings is dedicated to an outside agency, where we learn about the services offered by this agency, their referral process, guidelines, etc. Any staff member can make suggestions for who should be invited. This is also an opportunity for the other agencies to learn about us and meet everyone in the department. WHCOFA will continue to identify new partners to establish opportunities for collaboration, cross training and coordination of provision of I&A to older adults and caregivers; 2. Provide ongoing training and technical assistance focused on expanding outreach and providing I&A services to underserved populations including minorities, low-income individuals, frail individuals, and vulnerable individuals to ensure that individuals and caregivers are served to the maximum extent feasible. This will include working with the County tax offices to obtain information of the 60(+) population so we can send information, in an attempt to reach those populations that do not have internet or may not be aware of our services.; 3. Identify socially isolated older adults through the Loneliness Scale within the COMPASS and provide case managers with appropriate interventions, such as transportation to community events, animatronic pets, use of technology like Get Set Up (on-line community classes) and assisting to enroll in the Affordable Connectivity Program so that internet is affordable to qualified older adults, resulting in greater access to family, friends, and community.; 4. Reach out to agencies in Warren and Hamilton Counties on an annual basis to ensure that their provider listing is up to date. Maintain the statewide automated toll-free telephone number to access NY Connects from any location.; 5. Provide information and educational presentations to strengthen the capacity of AAAs to collaborate with other agencies in their planning and service area to enhance coordination and sharing of transportation resources in serving those at greatest risk of social and geographic isolation.; 6. Research the federal 5310 program which is administered by the New York State Department of Transportation to determine if there is any funding available and the guidelines for the purchase of accessible transportation to help meet the needs of older adults with access and functional needs.; 7. Increase efforts to recruit volunteer drivers to provide transportation in both Warren and Hamilton Counties.;
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	<p>8. Increase public awareness of Medicare changes and health care reform through local program newsletters, press releases, outreach events, enrollment events, and other electronic media activity avenues.</p>
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. All staff will be trained and knowledgeable about programs and services available in Warren and Hamilton Counties, in particular those that are accessible and inclusive of individuals with disabilities and individuals with limited English proficiency.; 2. Residents in both Warren and Hamilton Counties will have a greater knowledge of the services available to older New Yorkers.; 3. WHCOFA will continue to have a good relationship with the ILCHV.; 4. WHCOFA will maintain up-to-date, accurate listings in the NY Connects Resource Directory.; 5. WHCOFA will be trained and certified in the appropriate areas, NY Connects Information & Counseling, NY Connects Person-Centered Counseling, CADER Case Management, LifeCourse.; 6. Increase the number of collaborations between WHCOFA and other agencies to provide more opportunities for inclusive transportation for older adults.; 7. WHCOFA will be able to expand it's own transportation program through recruitment of more volunteers, or securing funding for vehicles/staffing.; 8. There will be an increase in the number of seniors in Hamilton County seeking assistance with health insurance counseling, MSP, QMB.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 2

<p>G Goal</p>	<p>Enable older New Yorkers to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.</p>
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<p>Objective(s)</p>	<ol style="list-style-type: none"> 1. Ensure that education and awareness regarding SNAP is available to older adults in greatest economic and social need in Warren and Hamilton Counties.; 2. Target nutrition programs to older New Yorkers in greatest economic and social need throughout both Counties.; 3. Expand opportunities for older New Yorkers to access other benefits and services through the nutrition program.; 4. Provide EISEP services in a manner inclusive to those 60(+), with functional impairments. Expand use of the consumer directed program and use of ancillary services through EISEP funding for clients.
<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. WHCOFA will provide education and awareness interventions at community sites where the target population can be reached. These sites will include, but are not limited to congregate meal sites, senior centers, public housing where older adults reside, Farmer's Markets, Town Halls, etc.; 2. Monitor subcontractors annually for compliance with nutritional requirements and dietary guidelines for meals in collaboration with our Registered Dietitian. Continue to work with other County agencies and community partners to provide nutrition services responsive to the needs of older adults in Warren and Hamilton Counties.; 3. Maximize the distribution of the annual Farmers Market coupons to eligible seniors in Warren and Hamilton Counties. Outreach will be provided at each meal site, public housing locations and farmers markets themselves in both Counties. WHCOFA staff will also provide information on caregiver supports, nutrition education and counseling, health insurance counseling, Medicare prevention and wellness benefits, and application assistance.; 4. Increase training opportunities for WHCOFA staff and subcontractors on what ancillary services could be funded with EISEP dollars. Encourage EISEP case managers to participate in relevant monthly Caregiver Coordinator webinars. Network with caucus on best practices pertaining to the EISEP program as a whole. Reach out to NYSOFA with questions as they come up.
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. Increased awareness about SNAP and utilization of benefits.; 2. Increase in access to the nutrition program by the targeted populations.; 3. Increased access to services for nutrition program clients, application assistance for public benefits (SNAP, HEAP, Medicaid, MSP),

	<p>provided where the clients are at.;</p> <p>4. WHCOFA staff and subcontractors will have the information and support needed to effectively and efficiently manage and deliver EISEP services and supports to older New Yorkers and their caregivers. Increase usage of allowable ancillary service funding for EISEP clients who would benefit from allowable services, items and other support. Increase in number of clients utilizing consumer directed services. Increase the number of individuals served by EISEP, including individuals with disabilities, individuals with limited English proficiency, and individuals in underserved and marginalized communities.</p>
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 3

<p>G Goal</p>	<p>Create an age friendly New York where home and community-based services are available and accessible to those who most need them, when they need them.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. Demonstrate the economic, social, and intellectual value of older New Yorkers to combat ageism. 2. Promote volunteerism in older adults as a mechanism to combat social isolation, boredom, loneliness and depression. Highlight opportunities within our own programs such as delivering HDMs, transportation, HIICAP counselors, etc, as well as outside programs such as RSVP, LTCOP, The Conkling Center, Glens Falls Hospital, Community Centers, churches, libraries.; 3. Enhance employment opportunities for older New Yorkers by promoting older workers as a solution for businesses seeking a trained, qualified, and reliable workforce. Provide skills enhancement training through Get Set Up. Link older New Yorkers with the Warren County Career Development Center and n4TD.; 4. Expand opportunities for older adults to access other benefits and services through the nutrition program. Continue to increase use of nutrition counseling, nutrition education, and evidence- based interventions that promote healthy living. Maximize the distribution of annual Senior Farmers Market Nutrition Program coupons to eligible older New Yorkers.

<p>A</p> <p>Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. Educate the public and other agencies regarding the value older New Yorkers bring to their families, caregivers, and communities through social media platforms, the LTCC, Advisory Council, NWD meetings, etc.; 2. Provide education materials via social media, the quarterly newsletter and during outreach events on the value of volunteering, different agencies that someone can volunteer with and contact information for each agency. Utilize the state volunteer website www.newyorkersvolunteer.ny.gov to match volunteers with meaningful volunteer experiences.; 3. Develop materials promoting older New Yorkers unique skill sets for various employment needs. Identify and work with various entities to advocate on behalf of this population. Promote use of Get Set Up site on social media platforms to provide access to their suite of training classes to the older adult population in Warren and Hamilton Counties. 4. WHCOFA will distribute information on benefits and services available to seniors via social media, the quarterly newsletter, at the meal sites and various partnering agencies. We will also participate in various outreach events to inform individuals of the services they or someone they know may be eligible for. WHCOFA will assist individuals with completing applications, filling out necessary forms, etc. As time allows, WHCOFA staff will participate in Farmer’s Markets themselves in order to distribute as many booklets as possible.
<p>L</p> <p>Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. Recognition of the economic, social, and intellectual impact that older New Yorkers have on their communities in the PSA. 2. Increase the number of new volunteers recruited by WHCOFA and partnering agencies. 3. All older adults will have access to the Get Set Up suite of training and education classes to update, enhance, and maintain skills. 4. Increase the employment prospects of older New Yorkers in Warren and Hamilton Counties by promoting older workers as a solution for businesses seeking trained, qualified, and reliable employees. 5. Application assistance for public benefits, including USDA SNAP, HEAP, and MSP will be provided at congregate dining sites in Warren and Hamilton Counties. 6. WHCOFA staff will continue to work with clients to determine if they have an MLTC or are eligible for an MLTC, assist with approval of HDM/Congregate meals, and Director will continue to work on negotiating fair reimbursement.

	<ol style="list-style-type: none"> 7. Work with purchasing department to allow WHCOFA to purchase locally grown fresh produce. 8. Distribution of 95% of FMC booklets each year. 9. WCHOFA will continue to produce nutrition education via social media platforms and in the quarterly newsletter.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 4

<p>G Goal</p>	<p>Ensure the rights of older New Yorkers and prevent their abuse, neglect, and exploitation.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. Strengthen our partnerships to increase identification and reporting of suspected abuse, maltreatment and neglect. 2. Work with partnering agencies on maintaining the E-MDT in Warren and Hamilton Counties. 3. Continue to support activities that educate the public and professionals about elder abuse, provide direct social work investigation and intervention, and support the New York State Coalition on Elder Abuse. 4. WHCOFA will continue to work with Catholic Charities LTCOP to assist residents and loved ones of residents in LTC facilities to address concerns, providing information and assistance about understanding and exercising their rights and resolving problems in the most efficient and effective way possible. 5. Focus on making available information/resources on legal and financial planning, as this was an area of concern for both Warren and Hamilton county seniors.
<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. Continue to work with Warren County Adult Protective Services and Hamilton County Department of Social Services to receive training pertinent to abuse, neglect and maltreatment of older adults and those with special needs. 2. WHCOFA will provide letters of support for the continued presence of a local E-MDT in Warren and Hamilton Counties. WHCOFA will also participate in and contribute cases as they arise.

	<ol style="list-style-type: none"> 3. WHCOFA will publish articles in its' quarterly newsletter, as well as share relevant material on it's social media page to inform seniors of possible abuse, neglect, or exploitation. 4. The representative from Catholic Charities LTCOP is a member of our LTCC and recently presented on the program. Warren County initiated a "Quality Senior Care" committee designed to facilitate a partnership between health care professionals, long term care facilities, the ombudsman program and county departments to promote the wellbeing of residents in long term care facilities in Warren County. 5. WHCOFA will publish articles in its' quarterly newsletter, as well as share relevant material on it's social media page relating to legal and financial planning such as: HCP, Living Will, POA, Last Wills, etc.
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. Increased collaboration between WHCOFA, Warren County APS, and Hamilton County DSS. Increased awareness of types of abuse, maltreatment and neglect. Appropriate referrals to Warren County APS and Hamilton County DSS to assist those who may be at risk for abuse, maltreatment and neglect. 2. Participation in local E-MDT and presentation of cases, leading to outcomes that benefit seniors in community. 3. Increase elder abuse awareness and promote access to services and supports through public presentations and training and professional development opportunities for anyone working with older adults. 4. Enhance education and outreach by sharing elder abuse information, resources. 5. Expand access to legal assistance for older adults with the greatest economic and social need by identifying and utilizing existing resources among local legal and advocacy communities to protect the rights of older New Yorkers. 6. Provide more comprehensive legal service assistance to individuals in need of the service. 7. There will be reliable sources of information available for older adults, caregivers, and those who interact with them, to better enable them to protect their rights, recognize legal issues, and identify resources for legal assistance as needed.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 5

<p>G Goal</p>	<p>Empower older New Yorkers to stay active and healthy through Older Americans Act services and those offered under Medicare.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. Increase availability of and participation in evidenced based health promotion programs in Warren and Hamilton Counties. 2. Increase availability of and participation in non-evidenced based health promotion programs in Warren and Hamilton Counties. 3. Increase awareness of preventative health care services in Warren and Hamilton Counties, as this was a focus area in the POLCO survey. 4. Raise awareness of and enroll Medicare beneficiaries in the LIS and/or MSP benefit. Educate seniors on Medicare preventive and wellness benefits and the importance of these services.
<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. WHCOFA now has a staff member trained to provide the CDSMP, as well as an agreement with the St. Lawrence County Health Initiative, Inc. to offer this program to seniors in Warren and Hamilton County. 2. WHCOFA has an agreement with Warren County Public Health to provide blood pressure clinics to seniors throughout Warren County at several of it's meal site locations and senior living residences (low income residences in particular). We also have a contract with Hamilton County Public Nursing to provide yoga classes to seniors in Hamilton County. 3. Information on health promotion, exercise programs, and preventative healthcare services will be shared on social media and in our quarterly newsletter, as well as at our meal site locations. WHCOFA shares information about other programs offered through the Greater Glens Falls Senior Center, Queensbury Senior Center, RSVP, Hamilton County Public Nursing, Warren County Public Health, Get Set Up, Caregiver Support Initiative, etc. 4. Our office will share information to Medicare beneficiaries during initial and annual assessments, outreach events, through social media.
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. WHCOFA will offer a minimum of two CDSMP classes annually. There will be both an in-person and virtual option for each class. The staff person designated to provide evidenced based health promotion will become trained in a minimum of one other evidenced based program over the next four years.

	<ol style="list-style-type: none"> 2. Both Warren County Public Health and Hamilton County Public Nursing will continue to provide their non-evidenced based health promotion programs. These will be advertised in both counties and widely attended. 3. WHCOFA will share information on preventative services offered in both Warren and Hamilton Counties, such as vaccination clinics, screening programs, Medicare Preventative and wellness benefits, via social media, quarterly newsletter, and outreach events. 4. WHCOFA will have an Increase the number of Medicare beneficiaries enrolled in LIS and MSP benefit.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 6

<p>G Goal</p>	<p>Integrate COVID-19 lessons and adaptations into standard practice while preparing the aging network, and those served by the network, to successfully respond and adapt to future emergencies and disasters.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. WHCOFA will be included in emergency planning activities at the local level in both Warren and Hamilton Counties, and engage in table-top exercises to discuss response and recovery when needed. 2. WHCOFA staff will be trained in basic disaster/emergency preparedness activities. 3. Warren County has a COOP plan, with each department contributing their own portion. This plan will be maintained so it is up to date and all staff will be knowledgeable of it's contents. 4. Assist with participation in the "Vulnerable Population Registry" for residents of Hamilton County. 5. Keep the state informed of any program disruptions in the event of emergency/disaster conditions.
<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. WHCOFA will continue to participate on various standing committees and ad hoc work groups when requested. We will continue to assist in the local development of local plans for assisting individuals with access and functional needs. Continue to work with Warren County and Hamilton Counties Office of Emergency Services regarding emergency preparedness planning and relief/recovery efforts. 2. Participate in and/or designate staff to participate in available training as suggested by the Office of Emergency Services, relay such to other WHCOFA personnel. 3. Require meal site personnel to hold drills at each location on a regular basis, and invite the local fire company annually. Office personnel will participate in drills held by the Self-Insurance Department in conjunction with the Office of Emergency Services of Warren County. 4. The Director will review WHCOFA's portion of Warren Counties COOP plan annually for accuracy, making any changes as needed and communicating such with the EOC. The COOP will be reviewed with staff on an annual basis. 5. WHCOFA staff will promote and continue to encourage clients who may need assistance during emergencies to become part of the "Vulnerable Population Registry" for residents of Hamilton County.¹² The Director or Coordinator of Services will email the appropriate

	<p>staff at Hamilton for inclusion in the "Vulnerable Population Registry."</p> <p>6. WHCOFA will continue to inform NYSOFA when there is a service disruption or program closure associated with a weather event, man made or natural disaster. The Director will email the ASR assigned to WHCOFA.</p>
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. WHCOFA will be a valuable player in emergency planning and will continue to have a good working relationship with the Office of Emergency Services in both Warren and Hamilton Counties. Protocols will be evaluated against real-world events and modified as necessary. 2. WHCOFA staff will be trained in emergency preparedness for their own needs during an emergency, as well as for older adults and caregivers they serve. 3. WHCOFA employees will be aware of the COOP plan for the office. Staff will be prepared for events in order to rapidly adjust to changing circumstances. 4. Assist with participation in the "Vulnerable Population Registry" for residents of Hamilton County. 5. NYSOFA will be kept informed of program disruptions in event of emergency/disaster conditions in Warren and Hamilton Counties.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 7

<p>G Goal</p>	<p>Promote equitable access to older adults in greatest social and economic need throughout all programs and services administered.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. Increase access to technology options and awareness of technology programs offered by the state. 2. Participate in trainings offered that focus on older adults in greatest social and economic need such as trauma informed care, trainings on adults with intellectual and developmental disabilities (I/DD), cultural competency, etc.

<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. Work with SAIL and the ILCHV to gain knowledge on what types of materials are available through the TR Aid program. 2. Work with NYSOFA’s Advocacy Specialist to obtain information on the disparities within WHCOFA’s planning and service area, as well as any strategies we can use for mitigating disparities within our planning and service area. 3. Participate in any trainings offered by NYSOFA on cultural considerations, trauma informed care, etc..
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. More individuals in Warren and Hamilton Counties will be aware of the TR Aid centers at SAIL and ILCHV, resulting in increased utilization of devices through TR Aid centers and decreased out-of-pocket expenses, costs to Medicaid, Medicare, and private insurance for devices. 2. WHCOFA staff will be educated and trained on trauma informed care, providing services to individuals with I/DD, more culturally sensitive and inclusive.
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 8

<p>G Goal</p>	<p>Support continuation and growth of state and local policy, programs, and investments that compliment and expand upon Older Americans Act programs.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. Use unmet need funding to decrease the number of individuals who are waiting for services.
<p>A Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. Report unmet needs to NYSOFA, for unmet needs funding that is received, track where it is being used and the number of clients served.
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. Reduction in the number of individuals who are eligible for, but not receiving services due to funding limitations and/or the County match (congregate and home delivered meals). 2. Encourage Counties to use match monies not used to provide additional services in other areas (transportation).
<p>S Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

Goal 9

<p>G Goal</p>	<p>Family caregivers will be recognized, assisted, included, supported, and engaged through a variety of programs so that they can care for their care receiver at home for as long as possible.</p>
<p>O Objective(s)</p>	<ol style="list-style-type: none"> 1. In order to assist caregivers, WHCOFA will offer the following programs in both Warren and Hamilton Counties: <ol style="list-style-type: none"> a. Information & Assistance; b. Referrals to outside agencies & supports; c. Respite Care (where appropriate); d. Support Groups; e. Supplemental Services such as meals 2. Raise awareness of and outreach to caregivers. Helping caregivers to self-identify as a caregiver and direct them to caregiver resources. 3. Assist informal caregivers such as spouses, adult children, other family members, friends, and neighbors, in their efforts to care for older adults in need of help with everyday tasks. 4. Increase knowledge of supports for caregivers offered through the Caregiver Support Initiative, NYSCRC and Alzheimer's Association.
<p>Action Steps What When Who</p>	<ol style="list-style-type: none"> 1. WHCOFA will utilize the Arch Angels Caregiver Intensity Index to screen caregivers who have been referred to the program to help identify their needs and preferences. 2. WHCOFA will link caregivers to, as well as promote educational materials and websites on social media platforms and in quarterly newsletter, such as Trualta, Arch Angels, NYSCRC (Respite Voucher Program), Caregiver Support Initiative, NY Connects Directory, Alzheimer's Association, Kinship Support Network, etc. 3. WHCOFA Caregiver Coordinator will participate in Caregiver Coordinator calls, LifeCourse Tools for Respite training, and any trainings related to caregiving. 4. Work with Caregiver Support Initiative, NYSCRC and Alzheimer's Association to gain knowledge on what programs and services are available to caregivers.
<p>L Leading to Outcomes</p>	<ol style="list-style-type: none"> 1. Increased number of caregivers reaching out for assistance in Warren and Hamilton Counties. 2. Participation in caregiver support groups. Support groups will be offered both in-person and virtually. 3. Increase in number of caregivers receiving services such as respite, meals, ancillary services.

	<ol style="list-style-type: none">4. Formulation of a written NFCSP policy WHCOFA that meets NYSOFA standards.5. Improved partnership with Caregiver Support Initiative, NYSCRC and Alzheimer's Association, leading to increased number of caregivers benefiting in the service area.
S Successes and Strategic Modifications	<i>[TO APPEAR IN ANNUAL UPDATES]</i>



Save Changes

AAA: Warren/Hamilton Counties Office for the Aging - 52
 Original Date Submitted:
 Date Revised:
 Date Last Saved: 01/17/2025 | Last Saved By: Deanna Park

DEMOGRAPHIC DATA AND TARGETING OBJECTIVES

	A. American Community Survey: 2017-2021 Five Year Estimates*	B. Total Number: Registered Clients**	C. Minimum Number of Registered Clients to be Served Annually	D. Number Registered Clients to be Served Annually**
1. Total number of persons 60 years and older in the PSA (Planning and Service Area):	24,670	770		
2. Total number of persons projected to be served annually under this Plan:				1000
3. *** Please provide a breakdown for the total on line 2 as follows:				
a. 75-84 years	8,385	281		340
b. 85 years and older	2,035	244		90
c. Live Alone	5,825	432	237	240
Clients by Ethnicity/Race				
d. Hispanic	270	6	11	20
e. Native American/Alaskan Native	69	1	3	10
f. Asian	123	4	5	10
g. Black or African American	120	4	5	10
h. White	21,925	727		890
i. Native Hawaiian/Pacific Islander	0	0	0	0
j. MENA^				
k. Other Race	69	0	3	10
l. 2 or More Races	144	2	6	10
Clients by Key Characteristics				
m. Frail and/or Individually with Disabilities*** **	5,990	576	243	250
n. Low Income (below 150% of poverty)	3,585	370	146	150
o. Low Income Minority (below 150% of poverty)	145	9	6	10
p. Limited English Proficiency****	125	7	6	10
q. Rural*****	9,999	218	406	410

* The pre-printed demographic figures (Column A), Client data (Column B) and Minimums (Column C) are only provided on the web-based version of this form. These estimates are the best available data from the Census Bureau.

** Registered clients are those receiving a Cluster 1 or Cluster 2 service.

*** A complete list of targeted groups can be found in the Guide for Completion.

**** Please see Guide for Completion for definitions of Rural, Limited English Proficiency and Individuals with Disabilities.

^Middle Eastern/North African - TBD

4. Please describe specific planned outreach, partnerships, public information, and other efforts designed to reach individuals within the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community. Please be aware efforts must be sufficiently vast enough to describe activities spanning a four year cycle.

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4. Please describe specific planned outreach, partnerships, public information, and other efforts designed to reach individuals within the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community. Please be aware efforts must be sufficiently vast enough to describe activities spanning a four year cycle.

WHCOFA will work with SAGE, Pride Center of the Capital Region and Lower Adirondack Pride to collaborate on providing services to LGBTQ+ individuals. Each year, WHCOFA invites these agencies to have a table at our Senior Gathering. Over the next four years WHCOFA will reach out to these entities on an annual basis to see if there are any events they would like us to attend, or if we can provide literature on the programs we offer for them to have available.

We also work with the Ryan White program which is part of the Hudson Headwaters Health Network. Although the Ryan White program is designated to provide individuals with HIV/AIDS assistance and education, there is a higher percentage of LGBTQ+ individuals being served. This past fall, the Ryan White program had representation at our Senior Gathering for the first time.

WHCOFA will continue to participate in outreach events throughout both Warren and Hamilton Counties, including Farmers Markets, HEAP, Queensbury Senior Center Health Fair, Hamilton County Community Day and Health Fair, Warren County Health Fair, etc. We also sub-contract with the Greater Glens Falls Senior Center to provide outreach events in Glens Falls. This will ensure that we are providing older New Yorkers, caregivers, community members, with information regarding what services are available through WHCOFA, it's subcontractors and partnering agencies.

WHCOFA will continue to partner with community agencies to provide educational events, public outreach and education, such as the Alzheimer's Caregiver Support Initiative, Alzheimer's Association, LTCC, Conkling Center, RSVP of Warren/Washington Counties, RSVP of Hamilton County, United Way, Community Action, VA, to name a few.

Through social media, our quarterly newsletter, and LTCC, we will continue to promote services provided to older New Yorkers, individuals with access and functional needs, caregivers, and community members.

5. Please describe health inequities that exist in your PSA & AAA efforts/interventions to mitigate them.

Warren and Hamilton counties are "predominately White and do not face the traditional racial or ethnic disparities typically found in more urban or populated areas. Instead, populations in upstate New York face a unique combination of factors that create health disparities, which are often rooted in the social determinants of health. Economic factors, cultural and social differences, educational shortcomings, and the isolation of living in a rural area all conspire to repress our population in their struggle to lead a healthy life." The main health disparities in both Warren and Hamilton counties are premature death, preventable hospitalizations, insurance status and access to care.

WHCOFA continues to actively recruit volunteers for it's medical transportation program. This program provides transportation for medical appointments to individuals who do

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not have Medicaid or other means to get to appointments. If someone has Medicaid in place, they are given the contact information to arrange such.

Telehealth has a strong presence in both Warren and Hamilton county as well. When Medicaid, our medical transportation program, or personal means are not available to clients, WHCOFA provides information on private agencies that offer transportation services.

WHCOFA also has a social transportation program in both Hamilton and Warren counties, that assists seniors with access to medical appointments (as able), but primarily is for grocery shopping, getting to the pharmacy, etc.

There are two FT employees dedicated to health insurance counseling in our office. In each of our quarterly newsletters, there are two pages dedicated to health insurance promotion as well. This newsletter is distributed to all HDM clients, various agencies, the LTCC, and on our Facebook page and website. The employees completing home assessments (COMPASS) do an exceptional job finding out what health insurance coverage each client has and assisting them as needed with applying for benefits, referring them to one of our health insurance counselors, veteran's agency.

6. Please describe specific planned outreach, partnerships, public information, and other efforts designed to reach the Hispanic population. (9 NYCRR §6651.2(i)(1)(c)(iii)). Please be aware efforts must be sufficiently vast enough to describe activities spanning a four year time frame.

WHCOFA will reach out to the following to work on creating a relationship, 1) Latino Community Advocacy Program, located in Saratoga County, 2) Capital District Latinos, located in Albany, 3) Apostolic Christian Fellowship, 4) Full Foundation Pentecostal, 5) Solid Rock Assembly of God Church, 6) Calvary's Family Life Center, 7) Diamond Point Community Church, 8) Cornerstone Outreach Center, 9) Church of the King, and the 10) Iglesia Pentecostal Refugio de Paz. Literature will be sent to each organization, they will be added to our newsletter distribution, and invited to our Senior Gathering.

WHCOFA will continue to participate in outreach events throughout both Warren and Hamilton Counties, including Farmers Markets, HEAP, Queensbury Senior Center Health Fair, Hamilton County Community Day and Health Fair, Warren County Health Fair, etc. We also sub-contract with the Greater Glens Falls Senior Center to provide outreach events in Glens Falls. This will ensure that we are providing older New Yorkers, caregivers, community members, with information regarding what services are available through WHCOFA, it's subcontractors and partnering agencies.

WHCOFA will continue to partner with community agencies to provide educational events, public outreach and education, such as the Alzheimer's Caregiver Support Initiative, Alzheimer's Association, LTCC, Conkling Center, RSVP of Warren/Washington Counties, RSVP of Hamilton County, United Way, Community Action, VA, to name a few.

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Through social media, our quarterly newsletter, and LTCC, we will continue to promote services provided to older New Yorkers, individuals with access and functional needs, caregivers, and community members.

7. Please describe what languages are prominent in your PSA and how AAA will conduct outreach to these populations. Does AAA have a plan to evaluate the effectiveness of these efforts on an annual basis? Please describe.

The prominent language in both Warren and Hamilton counties is English. In Hamilton County, the other top languages spoken are: 1. Spanish; 2. Hebrew; 3. Portuguese; 4. French; 5. German; 6. Tagalog. In Warren County, the top languages other than English that are spoken are: 1. Spanish; 2. Chinese; 3. French; 4. Korean; 5. Italian; 6. Portuguese.

A section of our lobby is devoted to individuals who may have difficulty reading/speaking/understanding the English language, or have another language as their primary one. All materials developed by WHCOFA invites comment by all persons and includes information on who to contact (Director), with any issues that may impede an individuals ability to participate in the assessment process.

WHCOFA will provide interpretation services to any individual who identifies as LEP. We also have an area of our lobby designated for individuals who have English as a second language, visual or auditory difficulties.

As Spanish is the second predominant language in both Warren and Hamilton counties, we post various articles on our Facebook page that are in Spanish.

WHCOFA will reach out to the following to work on creating a relationship, 1) Latino Community Advocacy Program, located in Saratoga County, 2) Capital District Latinos, located in Albany, 3) Apostolic Christian Fellowship, 4) Full Foundation Pentecostal, 5) Solid Rock Assembly of God Church, 6) Calvary's Family Life Center, 7) Diamond Point Community Church, 8) Cornerstone Outreach Center, 9) Church of the King, and the 10) Iglesia Pentecostal Refugio de Paz. Literature will be sent to each organization, they will be added to our newsletter distribution list, and invited to our Senior Gathering.

8. Please specify how the AAA plans to provide service access to individuals with limited English proficiency who seek services (e.g., language accessibility through contracted interpreter/translator, community organization links for translation, interpretation services, language interpretation phone line, etc.) as required by 12-PI-08. (See *Guide* for further information.)

WHCOFA has a contract with Language Link to provide interpretation services to any LEP individual that requires such, whether it be in their home, our office, or any location designated by the individual to ensure they are comfortable. This service is available and made known to all contractors during the annual monitoring process and at initiation of any contract.

A section of our lobby is devoted to individuals who may have difficulty reading/speaking/understanding the English language, or have another language as their primary one. All materials developed by WHCOFA invites comment by all persons and

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includes information on who to contact (Director), with any issues that may impede an individuals ability to participate in the assessment process.

WHCOFA will provide interpretation services to any individual who identifies as LEP. We also have an area of our lobby designated for individuals who have English as a second language, visual or auditory difficulties.

9. Include the name and contact information for the telephonic interpretation service that the AAA has established as required by 12-PI-08.

Name	Contact Number
Language Link-State Contract	69768

10. Provide the amount that the AAA is projecting to spend on language accessibility services annually for the Plan period in the box below. The amount entered in the box below must equal the total of the amounts entered on each of the individual program budgets, **SUPPORTING BUDGET SCHEDULES**, Section 6. 'Other Expenses', line F. 'Language Access Services'.

Projected Annual Costs for Language Accessibility Services

\$500

If the AAA has access to language access services at no cost to the AAA, please describe the arrangement.

N/A

11. Please describe the way the AAA provides accessible programs and services (use of accessible facilities such as swimming programs at a YMCA equipped with a pool lift, making large print menus available at congregate meal sites, etc.) as required by the Americans with Disabilities Act and any planned efforts to increase accessibility (purchase of accessible vehicles for transportation of those with mobility impairments, collaborations with TRAIID Centers to have equipment available for individuals with disabilities, etc.)

<p>WHCOFA and all of the meal sites are located in handicap accessible buildings, with access to handicap bathrooms. We collaborate with Southern Adirondack Independent Living (SAIL) and the Independent Living Center of the Hudson Valley to provide the highest level of assistance to individuals with access and functional needs, making use of their TRAIID centers.</p> <p>Staff make home visits to individuals who may have difficulty getting to our office and/or other locations for application assistance/services whenever possible.</p>
--

NEEDS ASSESSMENT & PLANNING PROCESS

12. How does the AAA plan to provide services/programs, including any modifications to services provision, to respond to the needs/preferences of target populations? (Ex: modify menus to include dietary needs/preferences of specific groups, offering evidence-based programs in prevalent languages of the PSA, hosting of LGBTQ+ activities at AAA sites, providing dementia-capable staff training etc.)

WHCOFA works closely with the Alzheimer's Caregiver Support Initiative that serves residents of both Warren and Hamilton Counties. Staff participate in trainings that are offered, including the REST training. Hamilton County Public Health provides yoga for seniors, which is demonstration based and easy to follow. Our menus are developed using client suggestions, and diversified to encourage inclusion of populations various ethnicities and backgrounds.

13. What methods does the AAA utilize to measure both its own progress as well as its contractors' progress toward reaching targeting objectives (both specific numeric minimum targeting objectives and outreach activities)?

WHCOFA employs a variety of methods to measure its progress and that of its contractors in reaching targeting objectives. This includes setting specific numeric minimum targeting objectives, such as a percentage of services provided to underserved populations, and tracking these metrics regularly. Additionally, WHCOFA monitors outreach activities, requiring detailed reports from monitoring reviews to evaluate progress, identify areas for improvement, and adjust strategies as needed to ensure that objectives are met.

In completing this section, review 14-TAM-02 and the Guide for Completion.

DATA COLLECTION and ANALYSIS

1a. Identify the multiple methods used to collect data for comprehensively identifying and prioritizing needs (Check all that apply)

- Random sample survey
- POLCO Community Assessment Tool
- Selected sample survey
- NYSOFA Service Needs Assessment Tool provided in 14-TAM-02
- Community forums
- Public hearings
- Meetings with older adults
- Focus groups
- Census/Demographic data
- CAARS and/or NAPIS data
- NY Connects data
- AAA and contractor information, such as program surveys; information and assistance records; unmet need data; and case files
- AAA reports to county legislators or boards of directors

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- Key informants (people knowledgeable about the needs of older adults)
- Long Term Care Council Member Interviews/Reports/Reform Log
- Other (Specify) _____

1b. Briefly describe the reason(s) why the data collection method(s) checked in Item #1a was/were selected. Be sure to indicate the particular method(s) selected as a strategy for reaching unserved and underserved older adults in greatest social or economic need, including but not limited to those older adults who are:

- Low income (OAA)
- Low income minorities (OAA)
- Individuals with limited English proficiency (OAA)
- Rural Residents (OAA)
- Native Americans (OAA)
- Institutionalized/at risk for institutionalization (OAA)
- Individuals with Alzheimer's disease and other related disorders (OAA)
- Individuals with disabilities (OAA)
- Caregivers, including caregivers of individuals with disabilities and individuals with Alzheimer's and other related disorders (OAA)
- Minorities (9NYCRR 6651.2(i))
- Frail (9NYCRR 6651.2(ii))
- Vulnerable (9NYCRR 6651.2(i))
- LGBTQ+ (NYS Human Rights Law)
- Homebound (NYSOFA standard definition)
- Any other locally identified populations in greatest social or economic need.

In order to effectively reach unserved and underserved older adults in greatest social and economical need, including but not limited to older adults we utilized broad-based data collection methods including: Targeted Focus Groups, Public Hearings, Advisory Council, Long Term Council & No Wrong Door, Secondary Data, Census Data, and participation in Community Forums.

Focus Groups were held with those individuals who were expected to be underrepresented in the larger assessment process and therefore may have concerns that would not be reflected there including low income, low income minorities, LEP, rural residents, individuals with disabilities, caregivers of individuals with Alzheimer's, non-parent custodians, frail, vulnerable and homebound clients.

Public Hearings were held to gather public comments and discuss community needs.

Advisory Council input was gathered including comment from county supervisors who serve on the Advisory Council. Members of the Advisory Council are also representative of the rural community unserved and underserved populations, vulnerable, low income, etc.

The Long Term Care Council and No Wrong Door bring forth long term care reform efforts in our community, local priorities, and those needs identified by the populations we serve in the last few years.

Secondary data such as the 2020 POLCO data and the census data was reviewed and analyzed.

Our office also participated in a number of community forums held throughout the year, including those conducted by the Conkling Center, Adirondack Health Institute and the Warren County

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Public Health Community Health Improvement Plan. All of these forums included service providers and agencies that focus on unserved and underserved older adults with the greatest social or economic needs.

- 2. Describe how the assessment process was made accessible to and inclusive of individuals with limited English proficiency.

WHCOFA has a contract with Language Link to provide interpretation services to any LEP individual that requires such, whether it be in their home, our office, or any location designated by the individual to ensure they are comfortable. This service is available and made known to all contractors during the annual monitoring process and at initiation of any contract.

A section of our lobby is devoted to individuals who may have difficulty reading/speaking/understanding the English language, or have another language as their primary or All materials developed by WHCOFA invites comment by all persons and includes information on who to contact (Director), with any issues that may impede an individual's ability to participate in the assessment process.

- 3. Describe how the assessment process was accessible to and inclusive of individuals with disabilities including, but not limited to, those with mobility, hearing, speech, and visual impairments.

WHCOFA continually encourages feedback from SAIL (Southern Independent Living Center), the Independent Living Center of the Hudson Valley, Glens Falls Association for the Blind, Glens Falls Association for the Hearing Impaired, Warren and Hamilton Counties Office of Community Services (Mental Health), OPWDD, Mental Health/Substance Abuse Subcommittee, Warren/Hamilton Community Action board, Interagency Council, North Country Continuum of Care Meeting, Developmental Disabilities Subcommittee, and the Warren & Washington County Suicide Prevention Coalition, etc.

- 4. How many individuals participated and provided information back to the AAA Assessment team?

Total number of participants:	
Estimated number who are AAA clients:	
Estimated number who are non-clients:	

- 5a. Briefly summarize what the AAA's analysis of the Needs Assessment, including needs information provided by NYSOFA, revealed.

The analysis of WHCOFA's broad-based approach to reach as many populations as possible including targeted populations revealed that though we have a wealth of services, opportunities and resources available, we need to continue to expand our outreach efforts to reach targeted populations.

Using the POLCO survey, the needs identified for both counties include:

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- Housing → quality affordable, accessible, lack of variety of housing options, maintaining house and yard;
- Mobility → lack of public transportation;
- Employment → lack of employment opportunities for retired individuals;
- Finances → concerns about financial independence;
- Health Care → lack of preventative health care, in Hamilton County there is also a concern about lack of oral health care, vision care, affordable health insurance, affordable medications
- Independent Living → need for assistance with IADLs and ADLs and lack of providers for such lack of daytime care options, lack of long-term care facilities (Hamilton County);
- Mental Health Care → concerns about depression, isolation, losses, forgetfulness;
- Information About Services for Adults → social security, Medicaid, Medicare, legal and financial planning;

In Hamilton County, these additional needs were identified:

- Physical Health → not enough food to eat, falls;
- Recreational & Educational Opportunities → skill building & personal enrichment opportunities

Based on other methods used, these additional needs were identified:

- Someone to provide friendly visiting or telephone call check ins;
- Someone to help manage finances/bill paying;
- Health Care Proxy and Power of Attorney for those with no family or trusted second party;
- Increased education regarding consumer fraud prevention and identity theft protections;
- Assistance with affordable home repairs, modification and maintenance including ramps, installation of grab bars, bathroom and kitchen remodeling, etc.;
- Assistance with hoarding, including mental health needs, the cost of removing hoarded items, and related heavy cleaning for lower-income persons;
- Assistance with bed-bug treatment for low income persons;
- Affordable dental care for lower-income, non-Medicaid persons;
- Someone to help set up and monitor medications daily;

5b. Summarize any additional information (local issues or themes) identified through the needs assessment process. Examples might include expanding coordination among aging service providers in PSA, loss of medical facilities, decrease in service providers, migration of older adults and quality of life issues such as: safety, loneliness, home modifications, health and wellness, need for assistive devices, multi-lingual materials and translations.

Another area of concern in both Warren and Hamilton counties is the influx in individuals over the age of 50, while the number of children enrolling in the local school districts continues to decline. This is creating a concerns about the workforce, economy, and who will care for the aging population in the PSA.

6. In reflecting on the Needs Assessment conducted for this Four-Year Plan, what has the AAA learned about conducting a successful Needs Assessment and how does the AAA plan to conduct the next Needs Assessment (i.e., improving reach, coordinating with other entities engaged in assessing community needs).

A successful Needs Assessment tool needs to be developed, that is easy to understand for both the individuals completing such, and those interpreting the results. It is also important to not just reach out to older New Yorkers in the PSA, but also community members, agencies and those whom we have contracts with.

NEEDS IDENTIFIED, SERVICE PRIORITIES & STRATEGIES

7. Complete the planning roster below for three or more needs which have been determined to be a priority for the AAA through the needs assessment process (both the process conducted by the AAA and additional information on needs provided by NYSOFA).

Name Need (for Roster)	Knowledge About Programs & Supports
Description of need	The analysis of WHCOFA's broad-based approach to reach as many populations as possible including targeted populations revealed that though we have a wealth of services, opportunities and resources available, we need to continue to expand our outreach efforts to reach targeted populations. Older New Yorkers in our PSA would benefit from improved knowledge about all of the programs, services and opportunities available to them.
Domain(s)/ Category(ies)	<input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Community and Health Services (includes Insurance, Nutrition) <input type="checkbox"/> Social Participation <input type="checkbox"/> Respect and Social Inclusion <input type="checkbox"/> Communication and Information <input type="checkbox"/> Civic Participation and Employment <input type="checkbox"/> Outdoor Spaces and Buildings
Statement of goals and objectives and plan to address need over next four years (i.e., developing, expanding, or modifying services; increasing efficiency; coordinating across service delivery types; participation in interagency meetings, committees and boards; coordinating funding proposals with other organizations; establishing linkages with other agencies; increasing the availability of dementia-capable services and supports to individuals with Alzheimer's disease and other related disorders and their caregivers.)	Expand knowledge of programs, services, and opportunities available to older New Yorkers through: <ol style="list-style-type: none"> 1. Social Media; 2. Outreach Events; 3. Identification of Focal Points; 4. Collaboration with Community Partners; 5. Distribution of Materials; 6. Networking with Other Governmental Agencies; 7. Presentations & Education;
How the plan described above focus on older adults in greatest social or economic need	WHCOFA will focus on rural areas of Warren and Hamilton Counties.

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<p>Identify public and private resources providing community services in the PSA that meet this need, and description of intended actions to coordinate with these resources</p>	<p>WHCOFA will work with the tax assessor's office in both counties to obtain a list of mailing addresses for individuals 60(+) who own property. Material will then be mailed to these individuals highlighting some of the programs, services and opportunities available to older New Yorkers, with contacts for further information.</p> <p>WHCOFA will work with private, public and governmental agencies who provide services to individuals in Warren and Hamilton Counties to collaborate on assisting older New Yorkers in the PSA.</p>
<p>Plan to monitor progress and evaluate effectiveness in meeting need</p>	<p>WHCOFA will track data in Peerplace to determine if there has been an increase in any of the service areas, requests for information and assistance.</p>
<p>Update</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

<p>Name Need (for Roster)</p>	<p>Transportation</p>
<p>Description of need</p>	<p>The lack of available transportation in both Warren and Hamilton Counties continues to be a major concern for older New Yorkers in the PSA. Transportation is not only needed to get to medical appointments, or obtain groceries, etc., but also to improve one's mental health and well-being (ability to attend social events, go to the library, church, senior center, meal site, visit a loved one, friend); participate in learning events; physical activities or exercise programs.</p>
<p>Domain(s)/ Category(ies)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Community and Health Services (includes Insurance, Nutrition) <input type="checkbox"/> Social Participation <input type="checkbox"/> Respect and Social Inclusion <input type="checkbox"/> Communication and Information <input type="checkbox"/> Civic Participation and Employment <input type="checkbox"/> Outdoor Spaces and Buildings

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<p>Statement of goals and objectives and plan to address need over next four years (i.e., developing, expanding, or modifying services; increasing efficiency; coordinating across service delivery types; participation in interagency meetings, committees and boards; coordinating funding proposals with other organizations; establishing linkages with other agencies; increasing the availability of dementia-capable services and supports to individuals with Alzheimer's disease and other related disorders and their caregivers.)</p>	<p>Research the federal 5310 program which is administered by the New York State Department of Transportation to determine if there is any funding available for, and the guidelines for the purchase of accessible transportation to help meet the needs of older adults with access and functional needs.;</p> <p>Increase efforts to recruit volunteer drivers to provide transportation in both Warren and Hamilton Counties.</p>
<p>How the plan described above focus on older adults in greatest social or economic need</p>	<p>Lack of transportation is a major concern for older New Yorkers in rural areas of both Warren and Hamilton Counties.</p>
<p>Identify public and private resources providing community services in the PSA that meet this need, and description of intended actions to coordinate with these resources</p>	<p>WHCOFA network with towns, agencies currently providing transportation to older New Yorkers and work on opportunities to expand services, collaborate on trips.</p> <p>Determine if there is an opportunity to find other funding opportunities for a transportation program.</p>
<p>Plan to monitor progress and evaluate effectiveness in meeting need</p>	<p>WHCOFA will track the number of volunteer drivers for its' medical transportation program to determine if there has been an increase for the service areas.</p> <p>WHCOFA will track the number of trips and clients participating in the medical and social transportation programs.</p> <p>WHCOFA will monitor for any new transportation providers in the service area.</p>
<p>Update</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

8. Describe how the AAA plans to utilize CSE funding to address service needs identified in the needs assessment, including through the improved coordination of existing community services for older adults in the 2024-28 Plan period and by the development of any new or expanded community service projects.

Knowledge of Services - Using CSE funding, as well as other resources, WHCOFA will work on an information campaign in both Warren and Hamilton Counties. The emphasis will be on informing those in the PSA of services available to older New Yorkers. The strategies will include both modern tools (social media) and old school techniques such as postal mail.

Transportation – WHCOFA will look into expanding our transportation program with CSE funds. Due to the remoteness of the areas where transportation is needed, public transportation, GoGo Grandparent, taxi's, etc. a current option.

9. Describe how the AAA will support efficient operations, effective service delivery and performance and quality improvement (i.e. through technology, modification of internal procedures, utilization of volunteers, development of additional funding/income, provision of dementia-capable staff training.)

Staff will participate in any applicable trainings offered that pertain to older New Yorkers, caregivers, and those with access and functional limitations, including our dementia population. The Director will evaluate our sub-contractors performance through the Program Monitoring process. Internal policies and procedures are evaluated on a regular basis, to ensure optimal performance.

10. Describe the AAA Advisory Council's role in the needs assessment process and summarize the Advisory Council's input or recommendations on service population priorities and strategies to address service needs identified in the needs assessment.

Although there was no specific Needs Assessment form developed and used by WHCOFA this period, the Advisory Council was involved in reviewing the data that was obtained using the alternate methods. Many of the members of the Advisory Council are also members on other councils, boards, etc., and have shared input from those groups regarding the needs of older New Yorkers in Warren and Hamilton Counties.

PUBLIC HEARINGS/AREA AGENCY ON AGING ADVISORY COUNCIL

1a. Provide the following information on Public Hearing(s) held, in-person or virtually*, for the Four-Year Plan.

Location	Date	Number Attending
Virtual	10/18/24	9
Wells Nutrition Site	11/17/24	0

* Please refer to the Guide for Completion and the Standard Assurances for information concerning new requirements in the NYS Open Meetings Law affecting videoconferencing of public hearings.

1b. Was the notice of at least one Public Hearing published in a local newspaper of general circulation at least twenty-one (21) days before that hearing? [9 NYCRR 6653.2] [submit copy of notice with Plan]

YES [x] *NO []

Date of notice publication: _____

1c. Was the proposed Four-Year Plan or abstract containing program goals, objectives, action steps, and proposed budgets with categorical breakdowns made available to the public prior to the hearing? [submit abstract made available to public with Plan]

YES [X] *NO []

1d. Was a minimum of one Public Hearing held at least 30 days prior to the submission of the Four-Year Plan?

YES [] *NO [X]

1e. **NEW YORK CITY ONLY:** Was at least one Public Hearing as described herein held in each borough at least 30 days prior to the submission of the Four-Year Plan?

YES [] *NO []

If *NO to any of the above please explain:

The 2024-2028 Four Year Plan program instruction documents were provided to the AAA's after the date of the annual public hearings. We will have these documents available at our next public hearing in 2025.

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2. Describe specific strategies used in this annual planning cycle to seek input from those unserved and underserved older adults in greatest social or economic need, particularly those who are:

- Low income (OAA)
- Low income minorities (OAA)
- Individuals with limited English proficiency (OAA)
- Rural Residents (OAA)
- Native Americans (OAA)
- Institutionalized/at risk for institutionalization (OAA)
- Individuals with Alzheimer's disease and other related disorders (OAA)
- Individuals with disabilities (OAA)
- Caregivers of individuals with Alzheimer's and other related disorders (OAA)
- Caregivers of individuals with disabilities (OAA)
- Minorities (9NYCRR 6651.2(i))
- Frail (9NYCRR 6651.2(i))
- Vulnerable (9NYCRR 6651.2(i))
- LGBTQ+ (NYS Human Rights Law)
- Homebound (NYSOFA standard definition)

Examples of specific strategies might include; advertisement in LGBTQ+ newsletter, notice of hearing delivered to HDM recipients, hearing held at ILC or other target group's gathering place, advertisement in rural communities where older adults congregate such as local coffee shop, etc.

The 2024 abstract was made available the beginning of October in anticipation of the public hearings, and is posted on our Facebook page. Included in the abstract was the Director's contact information, including PH#, fax number, office and email addresses. Individuals were encouraged to reach out to the Director with questions, suggestions, etc., especially if they were not able to attend in person. A notice was put in the fall edition of the newsletter, which is widely distributed throughout both Warren and Hamilton Counties, and to all of our HDM clients. The fall edition of our newsletter was posted on our webpage as well. We also placed an ad in both The Post Star, which serves Warren County, and the Hamilton County Express, which serves our Hamilton County residents. A notice about the scheduled public hearings was posted at each of the meal sites, on Facebook and community partners were provided with such as well. The public hearings themselves were attended by the Director. This time of year, the office has several outreaches scheduled (HEAP), and staff brought copies of the abstract with them.

3. Public hearings need to be accessible to all individuals. The following questions regarding accessibility include some examples of ways in which AAA might ensure accessibility.

If the hearing was held virtually, was there a mechanism by which participants could request reasonable accommodations to participate ahead of time (ex: closed captioning, virtual ASL interpretation, etc.)

YES] *NO]

If *NO, please explain:

3a. Please describe the geographic accessibility of the hearing site(s). (Ex: Is it held in a rural or urban location? Was more than one hearing held? Is it accessible by public transportation? Are sites

rotated throughout Planning and Service Area?)

The first public hearing was held virtually. This hearing was held immediately after the fall Advisory Council and members of the Council were present.

The final hearing was held at the Wells Nutrition Site in Hamilton County. All of Hamilton County is a rural community. This building is ADA compliant, with lots of parking right in front of the building. This is a building with only one floor, and two easily accessible bathrooms. We held this meeting right before the noon meal so as to not inconvenience community members. Wells has a large senior council, so that is why this location was selected.

3b. Please describe the physical accessibility of the hearing site(s). (Ex: Was it held in an ADA compliant building? Is there an accessible bathroom? Is there designated accessible parking?)

The first public hearing was held virtually. This hearing was held immediately after the fall Advisory Council and members of the Council were present.

The final hearing was held at the Wells Nutrition Site in Hamilton County. All of Hamilton County is a rural community. This building is ADA compliant, with lots of parking right in front of the building. This is a building with only one floor, and two easily accessible bathrooms. We held this meeting right before the noon meal so as to not inconvenience community members. Wells has a large senior council, so that is why this location was selected.

3c. Please describe attempts to make the hearing(s) accessible to all individuals including those with disabilities. What accommodations were available on site? What did someone need to request ahead of time and what was the mechanism for the individual to make the request? (Ex: sign language interpretation, Communication Access Real Time (CART) services, printed materials in large print or braille or distributed electronically in an accessible format, etc.) If the hearing was held virtually, was there a mechanism by which participants could request reasonable accommodations to participate ahead of time (ex: closed captioning enabled, virtual ASL interpretation, etc.)

The public hearing notices included information on whom to contact if special accommodations were needed, with instructions to reach out one week in advance. The office has magnifying sheets available for the public hearing, as well as a contract with the Glens Falls Association for the Blind to assist with any visual impairment needs. We also have several amplifying headsets available for use by our hearing impaired clients. If needed, the office would have provided other services upon request.

3d. Please describe attempts to make hearing(s) accessible to individuals with limited English proficiency. What services were available? (Ex: telephonic interpretation---was a phone in the room, was the telephonic interpretation service information on site, translated printed materials, etc.) If the hearing was held virtually, how were the participants with limited English proficiency accommodated? (Telephonic interpretation would not have worked in a virtual scenario, other accommodations may include use of bilingual staff, closed captioning in additional languages, etc.)

We had language link services available if needed, and a speaker phone at all hearing locations in the event there was any LEP attendees. If printed materials were needed in another language, such would have been provided.

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3e. Please describe attempts to solicit input from the public using the individual's preferred mode of communication. (Ex: comment at hearing, written comment via mail or email, use of telephonic interpretation services i.e. relay, Language Line or similar; American Sign Language, etc.)

All written documentation included the Director (including name, address, PH#, Fax#, email address) as the person to contact if any special accommodations were needed. WHCOFA staff, contractors, Advisory Council members and partner agencies were asked to encourage individuals they came into contact with to share comments, suggestions, concerns regarding the needs of the population we serve.

4. How were interested parties in the PSA notified of the public hearing(s) and provided the opportunity to testify?

Notices of the public hearing were posted on our Facebook page, in the fall edition of the WHCOFA newsletter, which is widely distributed throughout both Warren and Hamilton Counties, and an ad was placed in both The Post Star, which serves Warren County, and the Hamilton County Express, which serves our Hamilton County residents. A notice about the scheduled public hearings was posted at each of the meal sites, and distributed to community partners to post. The hearings were also discussed at the Advisory Council, LTCC, and any other activities that staff from WHCOFA attended in the months prior to such.

5. Summarize major issues discussed or raised at the public hearings.

There were no major issues discussed or raised at the public hearings this year.

6. Did the AAA receive comments and/or feedback regarding the Four Year Plan outside of the public hearings, e.g. written comments, virtual meetings? Please explain.

Other than comments received during the public hearings, there were not specific written comments received. Although the abstract is available, other than distribution during the public hearings, Advisory Council meeting, nutrition sites, and in the office, there have been no requests for such.

7. List the major changes in the Four Year Plan resulting from input of interested parties.

Not applicable, no major change(s)

8. Indicate AAA Public Hearing plans for the next Four Years. Elements should include: rotation of site(s) throughout Planning and Service Area, timing, notification of the public, increasing engagement/attendance, increasing accessibility, ensuring hearing will be free from barriers of pre-registration or fees.

With the exception of the Advisory Council, there were no other attendees at the virtual hearing or the in-person hearing held at the Wells Meal Site. WHCOFA will attempt to advertise our hearings at least two months in advance, providing reminders to partnering

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agencies and at the meal sites. The location(s) of the public hearings was discussed with the Advisory Council and it was suggested to hold the hearings at the same locations, and in conjunction with the fall Advisory Council meeting. WHCOFA has had very little outside participation in the public hearings for several years.

9. Provide the date the Four Year Plan was presented to the Area Agency Advisory Council as required for its review, before it was transmitted to NYSOFA. [9 NYCRR 6653.2 (f)]

Date: __10/18/24_____

Summarize the comments of the Advisory Council.

The Advisory Council members had very few questions.

COMPREHENSIVE EMERGENCY PREPAREDNESS AND RESPONSE

AAAs are required to coordinate activities and develop long range emergency preparedness plans with local and State response agencies, relief organizations, and others that have responsibility for disaster relief services within the PSA. This planning would take into account the needs and preferences of older adults who may or may not be AAA clients.

Identify all the Emergency Preparedness and Disaster Response activities that the AAA participates in for older adults in the Planning and Service Area (PSA):

- County-wide disaster planning team
- Local EOC situational drills or tabletop exercises
- Designated a leadership role in health and safety response with an emphasis on specific needs of older adults in the PSA (accessible transportation, shelters, and wrap around services)
- Hosting community disaster preparedness events
- Distribution of emergency preparedness checklists
- Conduct mass-communication prior to, or after, an emergency event
- Coordinate/Communicate local heating/cooling centers opportunities when indicated
- Include personal emergency planning discussion into case management discussions and assessment
- Have agreements in place to utilize senior centers or other community agencies as emergency shelter locations
- Offer and maintain a list of vulnerable older adults to be provided individualized wellness checks before, during and after an emergency event. Providing attention to those with limited access and functional needs, who utilize oxygen, receive advanced medical care, and/or have significant barriers to mobility.
- Have policies and procedures for staff and supervisors to perform emergency response activities, during or outside of traditional work hours, including during weather forced office closures, weekends, or at off-site locations
- Other _____

2. Please indicate the AAA's disaster preparedness partners such as local emergency response agencies, relief organizations, local government entities, and any other institutions that have primary responsibility for disaster relief services.

- County Emergency Management/Emergency Operations Center (EOC)
- Red Cross
- First Responders (Fire/Police/Ambulance/Sheriff)
- Local School District
- Faith-based groups
- County Health Department
- Hospitals and Skilled Nursing Facilities
- Alzheimer's Association
- Other: _____

3. Does the AAA have a desk (seat at the table) at the County Emergency Operations Center

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(EOC)?

Yes No

If yes, what specific role does the AAA play during activations and/or emergencies?

If no, what steps will the AAA take to contact the County EOC Coordinator and arrange for training, information sharing or other activities that would help to blend AAA disaster plans into the County efforts?

While WHCOFA does not have a "seat at the table" per se, the Director has a good working relationship with the Warren County EOC, as well as the Hamilton County EOC. The Director and/or designated employees will participate in any trainings offered by the EOC. Warren County has a Continuity of Operations Plan and WHCOFA is responsible for annually updating it's portion, sharing with the EOC and educating the department's employees on such.

4. How does the AAA communicate weather related closures of congregate, home-delivered, portable, or in-home services to participants?

WHCOFA posts any meal site closures, home delivered meal changes on it's Facebook page and the school closing network (includes local radio stations and news channels). If there is advance notice, meal site staff will communicate with participants directly via written notice with meals, posting notices at the meal site, or verbally telling clients. If the main office is closed for any reason, it is shared on Facebook, the school closing network, on our voicemail message and posted on the main entrance. If any appointments were scheduled, clients are called directly.

WHCOFA will enter into a contract with Blooming Health for communication of weather related concerns or emergencies to residents in Warren and Hamilton Counties as they occur.

4a. Does the AAA offer alternative meal supplies in preparation for emergency closures, such as blizzard boxes or shelf-stable meals?

Yes No

If yes, how are these delivered and replenished through the year?

WHCOFA provides a "blizzard meal," which is a frozen meal at the beginning of the fall each year to all HDM clients. These meals are replenished as needed when there are additional closures.

4b. Are there any limits to providing emergency meals through the year, i.e., budgetary, capacity, or contractual?

None

4c. Please describe any other disaster preparation activities offered to older adults during an emergency event, for example, robo-calls, website communications, and/or individual check in calls.

See above.

5. What disaster preparedness training will AAA Staff (including the Director) receive from the EOC or other sources? (This could include locally developed EOC training and/or on-line FEMA training.)

Warren County EOC invites all department heads or designated staff to participate in any trainings they have or that are in the area that would be beneficial. The Warren County Continuity of Operations Plan is reviewed each year by the Director. Any necessary changes or updates are sent in writing to the Warren County EOC. This plan is then reviewed with staff members during staff training events.

6. What procedures will be in place to anticipate and meet the needs of older adults in the PSA with access and functional needs (including individuals with disabilities and individuals with Alzheimer's disease and other related disorders) during a disaster?

During every initial and annual assessment, WHCOFA staff go over and work with each client to determine if they would like to be included on the "Vulnerable Population Registry" in Hamilton County. If an individual decides they would like to be included in the registry, WHCOFA staff assist them with completing the application form, and the Director forwards the information to the identified person within Hamilton County. If a Warren County resident is in need of assistance, they are referred to the National Grid website to fill out the form there. If assistance is needed completing the form, WHCOFA will assist with such.

In previous years, Warren County also maintained a registry, however there were very few individuals on the list, it was not maintained by the designated department (EOC), and also not referred to during emergency situations. Instead, the local governmental agencies (town supervisor), local EMS and fire departments would provide this service. As these agencies were aware of most community members needs, versus just the aging population, it was better suited to meet these needs.

7. How does the AAA coordinate with local partners in traditionally underserved, marginalized and minority communities to assure that Emergency Planning awareness and activities are publicized, promoted and accessible to older adults and their caregivers in those communities?

WHCOFA has a page dedicated to emergency planning on it's website. This information is also shared with clients during the assessment process.

8. If the AAA offers and maintains a list of vulnerable older adults in the PSA who are to be provided individualized wellness checks before, during, and after an emergency event, describe how this is operationalized and practiced. Provide specific details on how those with limited functional capabilities (e.g., individuals utilizing oxygen, receiving advanced medical care, or with significant mobility barriers) will be offered care or assistance during an active emergency event. 37

This is handled by the local governmental agencies.

9. If an outside agency is responsible for any part of providing disaster planning wellness checks, describe how that is coordinated and if there are any limitations on the completion of these wellness checks?

N/A

SENIOR /OLDER ADULTS CENTERS AND DESIGNATED FOCAL POINTS

Senior Centers/Older Adult Center (OAC) and Focal Points are to provide a gateway to aging network services by providing individuals access to community-based peer and professional supports, and programming designed to support older adults and caregivers in being active, engaged, healthy and informed. Locations should be strategically selected to promote access and participation to populations in greatest social and economic need throughout the AAA's designated Planning and Service Area.

Each AAA shall list all Senior Centers/OAC and designated Focal Points for comprehensive service delivery in each Planning and Service Area.

Senior Centers/Older Adult Centers

Include all Senior Centers/OACs in the Planning and Service Area, whether they are funded or operate independently of the AAA.

Senior Center/OAC: A multipurpose community facility for the organization and <u>provision of a broad spectrum of services and supports</u> for older adults and caregivers, which shall include health (including mental and behavioral health), social, nutritional, and educational services and facilities for recreational activities for eligible individuals.				
Senior Center Name/ Address/ Phone/ Email/ Website Contractor/Org anization Name, if different	Site is also a Focal Point for AAA Services (see Focal Point definition)	This location is directly operated by the AAA?	Services at this location are funded by:	For Senior Centers/OAC: The following services are provided (indicate even if not a service funded by the AAA):
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, identify operating entity <input type="checkbox"/> AAA Contractor <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Organization dedicated to serving diverse or historically marginalized communities <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Faith Based	AAA: <input type="checkbox"/> Yes <input type="checkbox"/> No OAA: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Health and Wellness Related (exercise, mental/behavioral health supports, health promotion activities that address health disparities and inequities) <input type="checkbox"/> Educational (lectures, classes on various subject areas, discussion groups, technology support, etc.) <input type="checkbox"/> Recreational (plays, games, trips, concerts, etc.) <input type="checkbox"/> Nutrition Related (congregate meal site, portable meals, nutrition counseling/education) <input type="checkbox"/> Supportive Services (benefit application assistance /counseling, transportation, telephone reassurance, social supports, caregiver support, legal assistance, etc.) <input type="checkbox"/> Emergency preparedness and response activities (heating /cooling center, public health: vaccination distribution/testing site)

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		Organization <input type="checkbox"/> Housing Providers		<input type="checkbox"/> Intergenerational programming <input type="checkbox"/> Virtual programming options
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FOCAL POINTS (Non-Senior Center/OAC)

Include NY Connects; do not include community locations already in Senior Center/OAC Roster above

Focal Point: A place or mobile unit in a community or neighborhood designated by the AAA for the collocation and/or coordination of AAA-funded services.

Key characteristics include:

- Recognized and visible within the community as a point of interaction for information about or access to a variety of supportive services for older adults, and caregivers.
- Works and coordinates with other service providers, including those who may not have an office/site within the community, to make the services of these other organizations regularly accessible to older adults and caregivers; and older adults and caregivers are linked with a wide variety of supportive services available within the community.

Focal Point Name/ Address Phone/ Email/ Website Contractor/Organization Name, if different	Is this location directly operated by the AAA?	The following AAA services are provided at this location.
	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, identify operating entity <input type="checkbox"/> AAA Contractor <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Faith Based Organization <input type="checkbox"/> Other	<input type="checkbox"/> Health and Wellness Related (exercise, mental/behavioral health supports, health promotion activities that address health disparities and inequities) <input type="checkbox"/> Educational (lectures, classes on various subject areas, discussion groups, technology support, etc.) <input type="checkbox"/> Recreational (plays, games, trips, concerts, etc.) <input type="checkbox"/> Nutrition Related (congregate meal site, portable meals, nutrition counseling/education) <input type="checkbox"/> Supportive Services (benefit applications assistance /counseling, transportation, telephone reassurance, social supports, caregiver support, legal assistance, etc.) <input type="checkbox"/> Emergency preparedness and response activities (heating /cooling center, public health: vaccination distribution/testing site) <input type="checkbox"/> Intergenerational programming <input type="checkbox"/> Virtual programming options

1. Describe the AAA's plan to assure that locations delivering AAA funded services provide welcoming, safe, and responsive environments that promote meaningful access, participation, peer connection, choice, and foster opportunities to support individuals in reaching their full potential.

Program monitoring allows WHCOFA to ensure that each of the Senior Centers/OACs receiving funding is working to help older New Yorkers have a positive experience at their location. WHCOFA will share communications with these entities, encourage them to post and distribute materials. We have a Grievance Procedure in place and each entity that accepts funding from us does as well, including comment cards, satisfaction surveys. Consumers are encouraged to inform the office of both positive and negative experiences, which are addressed accordingly.

2. Describe how the AAA plans to develop and modernize multifunctional Senior Center/OACs to increase participation options for individuals, and caregivers that are unable to participate on-site, to increase engagement and socialization opportunities that that reduce the risk of social isolation and associated poorer health outcomes.

WHCOFA will continue to share both in-person and virtual programming options with the Senior Centers/OACs in the service area. The Greater Glens Falls Senior Center, Lake Luzerne Senior Center, and Queensbury Senior Center already offer virtual opportunities to older New Yorkers. WHCOFA will work with remaining entities to provide virtual programming in conjunction with in-person options.

3. Describe the AAA's efforts to collaborate and partner with entities that provide services to address health disparities and inequities.

As previously noted, the primary health disparities and inequities in the service area is related to the ruralness of both Warren and Hamilton counties. This results in the lack of access to services and/or lack of knowledge about what programs/services are available. WHCOFA will engage smaller community partners in rural Warren and Hamilton, sharing what programs/services may be available to older New Yorkers, identify possible focus areas, methods of communication.

4. Describe any specific services or modifications to services the AAA will make based on the prevalent populations in its planning and service area (ex: bilingual staff, culturally preferred meal options, evidence-based programming delivered in languages other than English, etc.).

N/A

NUTRITION SERVICES

(Refer to the *Guide for Completion* and NYSOFA Nutrition Program Standards for additional information.)

Nutrition Staff Plan for 2024-2028: Please utilize the roster to provide the requested information for each professional nutrition position (Nutrition Program Coordinator, Dietitian, and any other applicable professional roles such as Nutrition Technician).

Name (or TBD, TBD1, TBD2 etc.)	Professional Nutrition Staff Role	Relationship	Title/Credential	Hours/week dedicated to AAA
Text field	Drop-Down Menu: <ul style="list-style-type: none"> - Nutrition Program Coordinator - Dietitian (or other individual with equivalent education and training in nutrition science) - Nutrition Technician - Other 	Drop-Down Menu: <ul style="list-style-type: none"> - AAA Employee - AAA Consultant - Contractor Staff 	Text field	Text field

2. Total Number of Congregate Meal Sites (dine-in/sit-down; including restaurant dining programs) currently operating within the Planning and Service Area: 1 0 _____

2a. Number of the above sites which are restaurant dining programs: NONE__

2b. Number of the above sites which currently, in addition to dine-in/sit-down, offer an option of portable meals: _10_____

3. Number of Stand-Alone Portable Meal Distribution Sites currently operating within the service area (not also Congregate Meal Sites), enter 0 if none: NONE

4. Number of Home Delivered Meal Routes currently in operation: 3 6 _____

5. Describe any innovative models of nutrition service delivery the AAA will offer in 2024-2028 (ex. restaurant dining, portable meals, videoconferencing-based nutrition counseling, remote nutrition education group sessions).

WHCOFA will be looking at possibly adding the Restaurant Dining program, in particular in Hamilton County due to the limited number of clients attending certain congregate locations, environmental issues at certain locations, and also trying to provide services in more rural locations.

6. Does the AAA currently offer any of these meal options five or more days a week: (select all

that apply)

- medically tailored meals or therapeutic meals
- kosher meals
- vegetarian meals
- halal meals

7. How does the AAA survey meal participants AND potential participants to determine cultural meal preferences?

WHCOFA assesses this during the initial COMPASS assessment, and again annually.

8. Does the AAA have a plan to provide meals based on cultural preferences? (ex: feature rice more often, fish more often, pork less often)

In recognition of the large Christian population in the service area, WHCOFA has altered it's menu during Lent to provide no meat on Fridays for a 40 day period starting on Ash Wednesday.

WHCOFA would be happy to provide more meal options to meet cultural, dietary preferences, but does not have the financial capacity to do such, and is already over matched in the nutrition program. If NYSOFA wishes for WHCOFA to provide more diversified meals, more funding would be needed.

9. To follow-up on the nutrition goals in the last Four Year Plan, what has the AAA done over the past 4 years to respond to the needs and preferences of the older adults in the PSA?

WHCOFA reviews individual satisfaction surveys completed by clients, and attempts to meet needs/preferences as able.

10. GOALS

See Goals section of Guide for Completion for instructions on how to complete the GOAL framework.

Goal	<i>AAA will offer person-centered nutrition programs (inclusive of healthy balanced meals and nutrition education and counseling) which are responsive to the needs and preferences of older adults in the Planning and Service Area as well as reflective of the diversity within the Planning and Service Area.</i>
Objective(s)	WHCOFA staff, along with our Registered Dietitian will work with both HDM and congregate meal site clients to identify needs and preferences of older adults in both Warren and Hamilton Counties.

<p>Action Steps What When Who</p>	<p>WHCOFA will encourage meal site staff to reach out to participants and the community to determine the interests of older New Yorkers in their local area, and then work with the office to develop programs/activities of interest.</p> <p>Meal site staff will distribute and encourage clients to complete satisfaction surveys, comment cards, on a regular basis. Office personnel will encourage clients to complete these and voice any concerns during home visits, when completing six month phone calls, initial and annual assessments, and outreach events. Staff will provide assistance with completing these as requested.</p> <p>Comment cards and satisfaction surveys will be passed along to the Coordinator of Services, Registered Dietitian and Director for review and to identify any issues, needs, wants, preferences.</p> <p>WHCOFA will complete a menu review at least every two years to identify likes/dislikes, and adjust the menu choices accordingly.</p> <p>The Coordinator of Services, Registered Dietitian will develop education programs based on client preferences.</p>
<p>Leading to Outcomes</p>	<p>Congregate and HDM clients will express satisfaction with the meals they receive.</p> <p>Congregate and HDM clients will express satisfaction with the nutritional education programs given.</p> <p>Congregate and HDM clients will express satisfaction with other activities and programs offered at the sites.</p>
<p>Successes and Strategic Modifications</p>	<p><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

HEALTH PROMOTION

Title III-D funding may only be expended for evidence-based health promotion programs/interventions. See 15-PI-18.

1. Evidence-Based Health Promotion: For each evidenced-based health promotion program the AAA provides (or plans to provide) either directly or through contract, utilizing any funding source, please provide the requested information.

Evidence-based program (programs in drop-down menu have been pre-approved for III-D)	Local program name (i.e. alternate name used for marketing)	Virtual or Remote participation option offered by AAA?	Receiving/ Seeking outside reimbursement? (i.e. health systems/ insurers)	Implementation Status	Directly Provided or Contracted	Expected number of participants annually
		Radio Button: Yes No	Radio Button: Yes No	Radio Button either: - AAA currently offers this program or has in past. - AAA plans to offer this program in next four years (but has not yet offered)	Select one or both: - Directly Provided - Contracted If Contracted: list entity(ies): _____	

2. Non-Evidence-Based Health Promotion: Health Promotion Services which will be funded under **Non III-D funding** (Title III-B, EISEP, CSE, CSI, MIPPA* or other funding):

- Evidence Informed – Indicate Program: _____
- Fall Prevention/Home Injury Control
- Health Information
 - Health Screening (Physical/Mental/Behavioral)
- Medicare Preventive Services Education/Promotion
- Medication Management
- Mental/Behavioral Health Services
- Physical Fitness Programs
- Vaccination Clinic
- Other (briefly describe) Warren County Public Health provides blood pressure clinics at different locations throughout Warren County, including meal sites and senior living communities. _____

* MIPPA can only fund Medicare Preventive Services Education/Promotion in this list

3. What health promotion programs (both evidence-based [indicated in question 1 above] and non-evidence-based [indicated in question 2 above]) will be offered to address health disparities in access or outcome in the PSA? (ex: African American/Diabetes prevention/management—higher rate of mortality experienced)?

In 2024, a WHCOFA staff member participated in the CDSMP offered by the St. Lawrence County Health Initiative, Inc. and entered into an agreement to offer this program to residents of Warren and Hamilton counties. We would like to offer a minimum of two (2) sessions each year, with classes will be promoted via social media, LTCC and the quarterly newsletter.

In Hamilton County, Hamilton County Public Health offers a yoga classes at different locations throughout the county. These classes are very well attended. WHCOFA provides funding for this non-evidenced based health promotion under the CSE program. Hamilton County Public Health uses social media to promote this program.

In Warren County, Warren County Public Health provides blood pressure clinics at the various meal sites and senior living communities, along with health education. Again, this non-evidenced based health promotion is funded through our office using CSE funds.

Through it's Medical Transportation program that utilizes volunteers, WHCOFA assists seniors who would not otherwise have access to transportation, the ability to get to medical appointments.

4. How will these programs be made accessible to the target populations experiencing these health disparities? (ex: location, time, method of promotion, etc.)

WHCOFA anticipates offering the CDSMP both in-person and virtually in an effort to reach those individuals who would not be able to access reliable transportation to and from the class.

Because Warren County Public Health is visiting senior living communities when performing the blood pressure clinics, they are able to reach a population that may not have access to transportation as well. Along with the clinics, Public Health nurses are also providing education to seniors and encouraging them to reach out to their medical providers if needed.

5. Describe activities and efforts the AAA will engage in to increase partnerships (with other AAAs, other county offices, community-based organizations, etc.) in the delivery of health promotion. Indicate which of these partnerships will enhance the ability to reach those in greatest economic and social need with health promotion programs.

WHCOFA will continue to collaborate with other county departments (VA, DSS, Public Health) and outside agencies (Greater Glens Falls Senior Center, Queensbury Senior Center, RSVP, The Conkling Center, Glens Falls Cancer Center, Hudson Headwaters Health Network, Caregiver Support Initiative), to promote health promotion such as in-person and virtual exercise programs, vaccination clinics, health screenings, support groups, etc. This will be done via social media platforms, at the meal sites, in the quarterly newsletters, and at outreach events.

CAREGIVER SERVICES

TITLE III-E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (Refer to the *Guide for Completion* and the Standard Assurances.)

The National Family Caregiver Support Program (NFCSP) was established in 2000 to provide funding to states to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible (Authorizing legislation is Section 373 of the OAA of 1965, as amended, Title III-E). NYSOFA administers this program through the AAAs.

AAAs that accept NFCSP funds from NYSOFA must establish and operate a caregiver support program that: meets the needs of the caregiver and enhances support given to the care receiver; helps the caregiver become a better advocate and more confident in assisting the care receiver with their needs; deters placement in a long term care facility, and promotes continuing care within the home and/or in alternative community settings for older adults for as long as possible; and helps provide support to older relatives that are caregivers for children or individuals with disabilities (this component is available but not required). When family caregivers are well supported, receivers of their care can stay in their homes longer and can have better quality of life.

According to the OAA, the following populations of caregivers are eligible for services under the NFCSP:

- a. Adult family members or other informal caregivers eighteen (18) years of age and older providing care to individuals sixty (60) years of age and older;
- b. Adult family members or other informal caregivers eighteen (18) years of age and older providing care to individuals of any age with Alzheimer's disease or other related disorders. Related disorders include dementia, traumatic brain injury, mild cognitive impairment, and chronic traumatic encephalopathy;
- c. Older relatives (not the parents) fifty-five (55) years of age and older living with and providing care to children under the age of eighteen (18); and
- d. Older relatives (including the parents), fifty-five (55) years of age and older living with and providing care to an adult(s) age eighteen (18) to fifty-nine (59) with disabilities.

NOTE: *Respite and supplemental services must only be provided to the*

caregivers of “frail” older adults (refer to definition of frail in Section II of the NFCSP Standards). Caregivers who meet the definition of older relative caregiver are eligible for all five (5) service types.

Priority shall be given to:

- Older caregivers in greatest economic and social need, and older individuals in greatest economic and social need (in particular attention to low-income older individuals);
- Older relative caregivers of individuals with disabilities; and
- Family caregivers of individuals with Alzheimer’s disease and other related disorders.

1. Reaching and Serving Family/Informal Caregivers: Per the NFCSP Standards, the AAA must ensure there are written policies and procedures in place, including provisions for equal access/targeting (refer to the most recent issuance of the NYSOFA Equal Access to Services and Targeting Policy 12-PI-08) and service parameters (e.g., hourly or monetary caps) for respite care and supplemental services.

1a. Describe how the AAA and their contractors will raise awareness of caregiving and supports available to caregivers, as well as provide culturally-relevant services to the following caregiver populations, with particular attention to the target groups identified through the 2020 reauthorization of the Older Americans Act:

- Caregivers of individuals with limited English proficiency
- Caregivers from diverse racial and ethnic backgrounds, including Native American caregivers;
- Caregivers in the greatest economic and social need;
The term “greatest social need” means the need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that - (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.
- Caregivers of individuals with Alzheimer’s disease and other related disorders;
- Caregivers of individuals at risk for institutionalization;
- Non-traditional family caregivers who may not be recognized as family, such as LGBTQ+ community members or families of choice;
- Grandparents and relatives aged 55 and older who are raising children; and
- Older caregivers, including older caregivers of individuals with disabilities (including intellectual/developmental disabilities).

To raise awareness of caregiving and support services, WHCOFA will take a comprehensive and culturally-responsive approach, focusing on the diverse needs of caregivers, including those highlighted in the 2020 reauthorization of the Older Americans Act (OAA).

Culturally tailored services will be developed in collaboration with organizations serving racially and ethnically diverse populations. This includes culturally specific training for staff to ensure they are equipped to engage caregivers respectfully and meaningfully. Outreach efforts will also focus on building trust through culturally relevant programming, and by partnering with trusted community leaders and ethnic media outlets.

WHCOFA will prioritize services for caregivers experiencing economic and social challenges by offering flexible respite care, training, and access to support groups, both virtually and in-person. Caregivers in isolated or underserved communities, such as rural or disabled caregivers, will receive targeted outreach through home visits, telehealth options, and partnerships with local service providers to bridge accessibility gaps.

Specialized training and support will be offered to caregivers of individuals with Alzheimer's and other related disorders. This includes access to dementia care specialists, memory care support groups, and respite services tailored to dementia care needs. WHCOFA will also provide educational resources to help caregivers understand and manage behavioral challenges associated with Alzheimer's and other conditions. Outreach will focus on caregivers of individuals at risk for institutionalization, connecting them with in-home care services, adult day programs, if available, and resources that allow their loved ones to remain in the community as long as possible. This will be done in partnership with healthcare providers, senior housing, and social services & community partners.

WHCOFA will ensure that outreach materials and services are inclusive of non-traditional family structures. Staff will receive cultural competency training to ensure caregivers from the LGBTQ+ community feel welcomed and supported. WHCOFA will work with LGBTQ+ advocacy groups and community centers to promote awareness of services and foster a supportive caregiving environment for families of choice.

Programs targeting grandparents and older relatives raising children will include specialized respite care, peer support groups, and access to legal, educational, and financial assistance. Workshops on child-rearing for older adults and emotional support programs for both the caregivers and the children they care for will also be offered through purposeful connections with community partners. Older caregivers, particularly those caring for individuals with intellectual and developmental disabilities, will have access to training on managing complex care needs and long-term planning. WHCOFA will offer flexible respite care options and advocate for programs that support both the older caregiver and the individual with disabilities, ensuring comprehensive care management is available.

1b. Describe how the AAA plans to reach and serve working caregivers.

WHCOFA plans to support working caregivers through a range of flexible and accessible services. Key strategies include offering services outside of regular business hours, expanding virtual and hybrid

programs, and forming partnerships with employers for workplace outreach. WHCOFA will also provide respite care, adult day programs, caregiver support groups, and stress management support, along with providing information on family leave options. Customized caregiver assessments and collaboration with community organizations will ensure caregivers receive the resources they need to balance work and caregiving effectively.

1c. Provide an estimated number of caregivers the AAA plans to serve annually.

2. Services for Caregivers of Adults Who Are 60 and Over and Caregivers for Individuals of Any Age with Alzheimer’s Disease and Other Related Disorders: Each service category (except for caregiver counseling, caregiver support groups, and caregiver training – at least one of the three should be provided) must be available to caregivers in the Planning and Service Area through the AAA and/or contractors. Provide a response under each of the service categories below.

2a. Caregiver Information (Public)

A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. Unlike Information and Assistance, this service is not tailored to the needs of the individual caregiver.

Describe how information will be conveyed to caregivers about the NFCSP.

WHCOFA will use various strategies to inform caregivers about the National Family Caregiver Support Program. These include hosting public presentations and workshops, setting up booths at community events, social media. Providing comprehensive information on its website, which may include downloadable resources and webinars. WHCOFA will collaborate with local organizations and healthcare providers to distribute information and reach caregivers within the community.

2b. Assistance: Case Management (Caregiver)

A service provided to a caregiver, at the direction of the caregiver:

- by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described below; and
- to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and

- Includes services and coordination such as—
 - comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the caregiver);
 - development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services—
 - with any other plans that exist for various formal services; and
 - with the information and assistance services provided under the Older Americans Act;
 - coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 - periodic reassessment and revision of the status of the caregiver; and
 - in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources.

Describe how case management will be provided to caregivers. Specifically describe how screening and assessment of caregiver needs will be conducted in your PSA.

WHCOFA will offer comprehensive case management to caregivers, starting with an initial screening and detailed assessment of their physical, emotional, and social needs. Based on this, a personalized service plan will be developed, coordinating formal and informal resources to support caregivers. Case managers will monitor service delivery, periodically reassess needs, and update plans as necessary. They will also advocate for caregivers to ensure they receive required services and integrate these efforts with other Older Americans Act support. This approach ensures ongoing, tailored assistance for caregivers.

Caregivers will undergo an initial screening to identify their primary needs and challenges. Trained case managers, who are skilled in caregiver support, will conduct comprehensive assessments that evaluate the caregiver's physical, psychological, and social well-being.

The assessment will cover:

- The caregiver's stress levels, emotional health, and overall mental well-being.
- The physical demands and limitations the caregiver may face.
- The social needs of the caregiver, including access to support systems and any risks of social isolation.
- The specific care needs of the individual receiving care, and how these impact the caregiver.

2c. Assistance: Information and Assistance

A service that:

- provides the caregivers with current information on opportunities and services available within their communities, including information relating to assistive technology;
- assesses the problems and capacities of the caregivers;
- links the caregivers to the opportunities and services that are available;
- to the maximum extent practicable, ensures that the caregivers receive the services needed and are aware of the opportunities available to the caregivers by establishing adequate follow-up procedures; and
 - serves the entire community of older individuals, particularly—
 - older caregivers in greatest economic and social need;
 - older relative caregivers of an adult or child with disabilities;
 - caregivers of individuals with Alzheimer’s disease and other related disorders; and
 - caregivers of “frail” individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Describe how Information and Assistance will be provided to caregivers.

WHCOFA will provide Information and Assistance to caregivers by offering up-to-date information on community services, including assistive technology, respite care, and support groups. Trained staff will assess caregivers’ needs and capacities to connect them with appropriate services and resources. We will implement follow-up procedures to ensure caregivers receive necessary support, adjusting services as needed. Special attention will be given to caregivers in greatest economic and social need, including those caring for individuals with Alzheimer’s disease, disabilities, or frailty. Broad community outreach will ensure caregivers are informed and supported.

2d. Caregiver Counseling

A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions.

Describe how caregiver counseling will be provided to caregivers (if applicable).

WHCOFA refers to the Alzheimer's Association, Caregiver Support Initiative or NYSCRC for 1:1 counseling.

2e. Caregiver Training(s)

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members.

Training may include use of evidence-based programs; it may be conducted in-person or on-line and be provided in individual or group settings.

Describe how caregiver training(s) will be provided to caregivers (if applicable). Specifically describe the types of training(s) that will be offered.

WHCOFA promotes and refers caregivers to training opportunities in the PSA as they become available.

2f. Caregiver Support Groups

A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy.

Describe how caregiver support groups will be provided to caregivers (if applicable). Specifically describe the types of support groups that will be offered.

WHCOFA now offers a support group led by an individual within the department. We also refer individuals to the Alzheimer's Association, Caregiver Support Initiative, and NYSCRC for information regarding support groups offered in our area. There are also support groups for various conditions available in the community including grief, stroke, substance abuse, Parkinson, and dementia.

Notices regarding support groups are posted in our lobby, our quarterly newsletter, LTCC and social media.

2g. Respite Care*

Respite Care services are services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

**Note: A portion of your Title III-E funds should be allocated to respite care.*

In-Home Respite

A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur, which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services.

What in-home respite options will be made available to caregivers? Indicate the service parameter that is in place for in-home respite. If no in-home respite options are available, please enter N/A.

WHCOFA has contracts with Fort Hudson Health Care Systems and Greater Adirondack Home Aides to provide respite services to clients in Warren County, who have a caregiver. We contract with Hamilton County Public Health to provide the same services to clients of Hamilton County who have a caregiver.

Out-of-Home Respite (Day)

A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities.

What out-of-home respite (day) options will be made available to caregivers? Indicate the service parameter that is in place for out-of-home respite (day). If no out-of-home respite (day) options are available, please enter N/A.

N/A

Out-of-Home Respite (Overnight)

A respite service provided in residential settings such as nursing homes, assisted living facilities, and family type homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time. The service provides the caregiver with time away to do other activities.

What out-of-home respite (overnight) options will be made available to caregivers? Indicate the service parameter that is in place for out-of-home respite (overnight). If no out-of-home respite (overnight) options are available, please enter N/A.

N/A

Other Respite

A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

What other respite options will be made available to caregivers? Indicate the service parameter that is in place for other respite. If no other respite options are available, please enter N/A.

N/A

2h. Supplemental Services* (No more than 20% of NFCSP budget)

Goods and services provided on a limited basis to complement the care provided by caregivers. Supplemental services may be provided to the caregiver, to the care receiver, or to both. Describe what types of services within each service domain (broken out below) will be provided to caregivers. Indicate the services parameters in place for each service domain. Please note, each service domain does not need to be provided.

**Note: A portion of your Title III-E funds should be allocated to supplemental services.*

- a) Assistive technology, durable equipment, emergency response systems

- b) Consumable supplies

- c) Home modifications and repairs

- d) Legal and financial consultation

e) Homemaker, chore, and personal care services

f) Transportation

g) Nutrition services

h) Other

WHCOFA will provided HDMs, congregate meals, nutritional counseling and education, transportation, legal assistance, PERS, and any other offered service to individuals of Warren and Hamilton Counties who have a caregiver, as part of their plan. These services are typically covered under other funding sources. Other supplemental services that may be provided specifically to clients who have caregivers with Title III-E funding may include incontinence products, companion animals, home monitoring devices, etc. All of these services are provided to facilitate maintaining the individual in the home.

Optional Components NFCSP:

Services for Older Relative Caregivers (includes grandparents)

NOTE: To be eligible for services, Older Relative Caregivers must be 55 years of age or older. Will the AAA provide services to Older Relative Caregivers under the NFCSP? (Check all that apply):

Not Applicable, AAA does not plan to provide any optional components with Title III-E funds.

The AAA plans to provide services to Older Relative Caregivers (doesn't include biological parents) of children age 18 or younger (including persons with disabilities)

The AAA plans to provide services to Older Relative Caregivers (includes biological parents) who provide care to family members with disabilities between the ages of 19-

59.

3a. Caregiver Information (Public) (see 2a. for service definition)

Describe how information will be conveyed to older relative caregivers about the NFCSP.

3b. Assistance: Case Management (Caregiver) (see 2b. for service definition)

Describe how case management will be provided to Older Relative Caregivers. Specifically describe how screening and assessment of Older Relative Caregivers' needs will be conducted in your PSA.

3c. Assistance: Information and Assistance (see 2c. for service definition)

Describe how Information and Assistance will be provided to Older Relative Caregivers.

3d. Caregiver Counseling (see 2d. for service definition)

Describe how caregiver counseling will be provided to Older Relative Caregivers (if applicable).

3e. Caregiver Training(s) (see 2e. for service definition)

Describe how caregiver training(s) will be provided to Older Relative Caregivers (if applicable). Specifically describe the types of training(s) that will be offered.

3f. Caregiver Support Groups (see 2f. for service definition)

Describe how caregiver support groups will be provided to Older Relative Caregivers (if applicable). Specifically describe the types of support groups that will be offered.

3g. Respite Care (see 2g. for service definition of Respite Care and its sub-types)

In-Home Respite

What in-home respite options will be made available to Older Relative Caregivers? Indicate the service parameter that is in place for in-home respite. If no in-home respite options are available for Older Relative Caregivers, please enter N/A.

Out-of-Home Respite (Day)

What out-of-home respite (day) options will be made available to Older Relative Caregivers? Indicate the service parameter that is in place for out-of-home respite (day). If no out-of-home respite (day) options are available for Older Relative Caregivers, please enter N/A.

Out-of-Home Respite (Overnight)

What out-of-home respite (overnight) options will be made available to Older Relative Caregivers? Indicate the service parameter that is in place for out-of-home respite (overnight). If no out-of-home respite (overnight) options are available for Older Relative Caregivers, please enter N/A.

Other Respite

What other respite options will be made available to Older Relative Caregivers? Indicate the service parameter that is in place for other respite. If no other respite

options are available for Older Relative Caregivers, please enter N/A.

3h. Supplemental Services

(No more than 20% of NFCSP budget) (see 3h. for service definition)

Describe what types of services within each service domain (broken out below) will be provided to Older Relative Caregivers. Indicate the service parameters in place for each service domain. Please note, each service domain does not need to be provided.

a) Assistive technology, durable equipment, emergency response systems

b) Consumable supplies

c) Home modifications and repairs

d) Legal and financial consultation

e) Homemaker, chore, and personal care services

f) Transportation

g) Nutrition services

h.) Other

Caregiver Resource Center (CRC)

Is the AAA a State Funded CRC Program?

Not Applicable, AAA is not one of the 17 State Funded CRC Programs (see Guide for Completion for list of 17 AAAs)

Applicable, AAA is one of the 17 State Funded CRC Programs (see Guide for Completion for list of 17 AAAs)

CRC Goals and Objectives

- To provide a single focal point of assistance to family members and other informal caregivers.
- To provide training, support groups, counseling, and technical assistance to caregivers so they may continue in their caregiving roles.
- To link caregivers with AAA and other community-based services.

Eligibility: Family and other informal caregivers of a frail and/or disabled individual.

4a. The AAA has designated a physical location(s) as the CRC. YES NO

4b. Components of Caregiver Resource Center (Check only those services that apply):

Assistance: Information and Assistance (See 2b. for service definition)

Describe how Information and Assistance will be provided to caregivers.

Caregiver Counseling (see 2c. for service definition)

Describe how caregiver counseling will be provided to caregivers.

[] Caregiver Training(s) (see 2d. for service definition)

Describe how caregiver training(s) will be provided to caregivers. Specifically describe the types of training(s) that will be offered.

[] Caregiver Support Groups (see 2e. for service definition)

Describe how caregiver support groups will be provided to caregivers (if applicable). Specifically describe the types of support groups that will be offered.

4c. Specify any unserved and/or underserved population that will be served with CRC funds.

CASE MANAGEMENT

1. How are you ensuring that a client's comprehensive needs are assessed in a person centered and a culturally and linguistically appropriate manner?
 - a. Is the comprehensive assessment completed by certified case managers only?
 - b. Is the entire COMPASS completed annually and as needed?
 - c. Based on the findings of the COMPASS, are there procedures in place to ensure that appropriate referrals are made if any health or medical needs are identified? For example, referrals for falls assessment, TBI supports, or a certified aging in place specialist.
 - d. Does the care plan reflect the individual's strengths, self-identified needs, and informal supports?

1) We implement training for case managers and all WHCOFA staff on culturally competent and person centered practices. We utilize assessment tools that include an opportunity to learn about a client's language preferences and cultural background so that we can best serve them. We engage clients in discussions about their values, beliefs, and preferences during each assessment. We have access to the Language Line for clients who prefer to speak in their first language or have limited English proficiency.

a) The Comprehensive assessment is completed by CADER certified case managers who have been trained to complete the COMPASS Assessment. We will continue to ensure that only certified case managers conduct these. We will continue to provide ongoing training to maintain certification and stay updated on best practices. EISEP Case Managers participate in NYSOFA sponsored trainings annually to ensure that they are meeting the regulatory requirements.

b) When clients request EISEP or HDM services, the COMPASS is completed initially and at minimum every 365 days.

c) Based on the findings of the COMPASS, there are procedures in place to ensure that appropriate referrals are made if any health or medical needs are identified. We have a streamlined referral process based on COMPASS findings. We have developed partnerships with local agencies to facilitate referrals for health and medical needs, including falls assessments and TBI supports. The EISEP Case Managers are in regular, ongoing contact with their EISEP clients, resulting in the ability to monitor and refer for additional programs/services as needed during the authorization period. Reassessments are completed early as warranted, but by the 365th day.

d) Trained case managers incorporate clients' strengths, self-identified needs, and informal supports into each care plan. During supervisory case reviews, each case is reviewed to ensure care plans are person-centered and have been

regularly updated, if necessary. The EISEP Case Managers consult with supervisory staff between assessments/care plan development as needed.

2. How does the AAA ensure consistent and impartial case management to individuals, including those who belong to marginalized and underserved communities?
 - a. What process is used to assign case managers to clients?
 - i. Does the AAA have a consumer-directed in-home service delivery model?
 - ii. What does the AAA do to ensure they are aware of available services and resources in marginalized and underserved communities (e.g., LGBTQ+, insulated cultural groups, ethnic minorities)

2) WHCOFA ensures consistent and impartial case management by regularly auditing its practices to evaluate fairness, inclusivity, and consistency. These audits help identify any disparities in service delivery. WHCOFA also collects and reviews feedback from clients, including those in marginalized communities, to make necessary adjustments and improve case management practices. SAGE training is an important resource for our staff that provides education on creating inclusive and affirming environments for LGBTQ+ older adults. This available training equips staff with the knowledge and skills to understand the unique challenges faced by LGBTQ+ individuals as they age, including discrimination, social isolation, and limited access to inclusive healthcare. Ongoing collaboration with our ASR will provide input for WHCOFA on updated and available training and opportunities for continuing education that may be available through SAGE or the Boston University - CADER program.

a) EISEP referrals are assigned based on the county of residence. Hamilton County residents are assigned to the staff member at WHCOFA that provides EISEP case management. This individual also provides case management to our consumer directed clients, regardless of county of residence. Warren County residents receive case management through our contractor, Greater Adirondack Home Aides. There is an expectation for the Case Managers to be transparent and report to their supervisor any prior relationship/association they may have had with the potential EISEP recipients at time of referral.

i) WHCOFA promotes a consumer-directed in-home (CDHIS) service delivery model, empowering clients to select their preferred care providers. This approach respects client autonomy and allows them to exercise choice in their care. The Case Manager provides overview of the CDHIS model and assesses level of interest/capability to manage this type of service delivery model. Our Fiscal Intermediary (FI) subcontractor provides training and support as needed as well.

ii) WHCOFA maintains awareness of services and resources available to marginalized and underserved communities by establishing or engaging in proactive community outreach programs. Through partnerships with local organizations, WHCOFA stays informed about specific resources tailored to these

communities, ensuring that we can connect clients with services that meet their unique needs.

3. Has the AAA implemented innovative approaches intended to address direct workforce shortages (e.g., direct-hire aides or guaranteed aide contracts with home health agencies)?

WHCOFA implemented the consumer directed model to help address the workforce shortage.

4. Describe your plan to provide locally coordinated case management training for the next four years.

Examples of training topics include self-direction, person-centered planning, trauma-informed care, serving individuals with I/DD, community resources, cultural and linguistic competence, and common age-related diagnoses.

YEAR ONE PLAN:

Develop foundational training modules on self-direction and person-centered planning. Conduct workshops on trauma-informed care and cultural competence.

YEAR TWO PLAN:

Introduce advanced training on serving individuals with intellectual and developmental disabilities (I/DD). Host seminars on navigating community resources effectively.

YEAR THREE PLAN:

Focus on training related to common age-related diagnoses and their impact on case management. Encourage peer-learning groups among case managers to share best practices.

YEAR FOUR PLAN:

Evaluate the effectiveness of training programs and make necessary adjustments based on feedback. Introduce mentorship programs pairing experienced case managers with new hires for skill development.

LEGAL ASSISTANCE

Goal: The AAA will ensure that its legal assistance provider is providing legal assistance in the following priority subject areas: Income, health care, long-term care, nutrition, housing, utilities, protective services, defending older persons against guardianship, abuse, neglect, exploitation, and age discrimination.

1. In the table below identify AAA's current and/or proposed local partners to develop, operate, and/or support the coordinated delivery of legal assistance/services related to income, health care, long-term care, nutrition, housing, utilities, protective services, guardianship cases, abuse, neglect, exploitation, and age discrimination for older adults.

Organization Type	Organization Name
Legal Assistance Provider(s)	Legal Aid Society of Northeastern NY
Legal Services Corporation Grantee	Legal Aid Society of Northeastern NY
County Bar Association	Warren County Bar Association
Regional LTC Ombudsman Program	Catholic Charities
Other:	New York State Bar Association's Lawyer Referral and Information Service, 1-800-342-3661
Other:	
Other:	

1. *For the four-year period covered by this plan, the AAA is to identify how it is providing legal assistance in the following priority subject areas: Income, health care, long-term care, nutrition, housing, utilities, protective services, defending older adults against guardianship, abuse, neglect, exploitation, and age discrimination. The AAA, in establishing objectives for the delivery of legal assistance in these priority subject areas, will be guided by the following federal and state requirements:*

- Coordination of OAA funded legal assistance with existing Legal Services Corporation (LSC) projects in the PSA, and collaboration with the local legal and advocacy communities (including the private bar and nonprofit organizations providing legal assistance) to assure that older adults receive a proportional share of representation from the LSC grantee and avoid duplication;
- Prioritize legal assistance/services for older adults in greatest economic or social need, low-income minorities, and rural elders;
- Effort to be made by the legal assistance provider(s), in coordination with the area agency, to involve the private bar in legal assistance for older adults on a pro bono or reduced fee basis;
- Develop a system of assisted referrals of cases to the private bar and other appropriate agencies, including appropriate follow-up to assure that services have been provided.
- Assist the local long-term care ombudsman program.

See Goals section of Guide for Completion for instructions on how to complete the GOAL framework

G Goal	The AAA will ensure that its legal assistance provider is providing legal assistance in the following priority subject areas: Income, health care, long-term care, nutrition, housing, utilities, protective services, defending older adults against guardianship, abuse, neglect, exploitation, and age discrimination.
O Objective(s)	WHCOFA will work with local providers to address the legal assistance needs of older New Yorkers in Warren and Hamilton Counties, with a focus on income, health care, long-term care, nutrition, housing, utilities, protective services, defending older adults against guardianship, abuse, neglect, exploitation, and age discrimination.
A Action Steps What When Who	WHCOFA will maintain it's contract with Legal Aide Society of Northeastern NY to provide legal assistance to older New Yorkers. WHCOFA will maintain and build upon relationships with other advocacy programs such as the Long-Term Care Ombudsman Program, Warren County Adult Protective Services Unit, Hamilton County Department of Social Services and the Quality Senior Care Coalition of Warren County.
L Leading to Outcomes	Provision of legal assistance to older New Yorkers. Expanded partnerships at the local level to coordinate delivery of legal assistance to older New Yorkers with greatest economic and/or social needs.
S Successes and Strategic Modifications	<p style="text-align: center;"><i>[TO APPEAR IN ANNUAL UPDATES]</i></p>

2. If the AAA does not or cannot provide legal assistance either through the AAA's legal assistance provider or another entity in one or more of the above referenced priority subject areas, please list the priority subject areas where legal assistance is not provided. Please explain why each of those priority subject areas are not provided.

N/A

3. For what types of legal matters does your Area Agency on Aging receive the most requests for assistance?

In 2023, WHCOFA received requests for assistance on the following legal issues... Last Wills; Power of Attorney; Health Care Proxy; Living Wills; Trusts; Estate Planning; Changing Financial Documents After the Death of a Spouse; Scams; How to get out of a time share; Bill from nursing home; Concerns about nursing home care; Medicaid payback; Transfer of Assets; Landlord/Tenant Issues; Identity Theft; Reverse Mortgage Advise; Grandparent Rights; Divorce Process; Medical Bills; Bankruptcy Questions; and Issues with Neighbor. The most common requests are for assistance with Last

Wills/Estate Planning (34), drafting Power of Attorneys (25), and Health Care Proxies (14).

HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)

For the four-year period covered by this plan how will the AAA increase overall client contacts. Please identify strategies and any new initiatives you plan to utilize to expand performance measure one (PM1) - client contacts?

PM1: Client Contacts - total one-on-one client contacts. This performance measure covers every one-on-one interaction HIICAPs have with beneficiaries or on behalf of a beneficiary. It includes in-person counseling sessions (in the office or at the beneficiary's home); telephone conversations of all durations (including on-line call formats such as Skype); and email, postal mail, and fax correspondence.

WHCOFA will maintain our outreach programs with local senior centers, health fairs, community events, and regional partner agencies as well as continue, through contract, to have a HIICAP counselor on site at the Greater Glens Falls Senior Center. Our HIICAP Coordinator, Hanna Hall, has created a program to educate partner agencies with shared client bases. The purpose of the program is to provide case workers in DSS, HHHN, and local service agencies an overview of Medicare with emphasis on MIPPA topics (preventative services, MSP/LIS, Part D). This program has led to stronger relationships with these agencies and increased referrals. The HIICAP Coordinator will continue to create outreach opportunities for this program and expand to other professional groups. WHCOFA will continue to keep our office open to clients for questions or appointments during full business hours.

Over the next 4 years WHCOFA will continue our newsletter article called HIICAP Corner which has a large distribution throughout both counties. The articles will focus on current HIICAP issues and FAQs submitted by clients to help address the topics important to them, keeping the program interactive with the community. WHCOFA will also continue to distribute information about the HIICAP program through booths at local community events and with presentations to senior groups and partner agencies. Over this time period we will also create new opportunities to promote HIICAP through our website and social media.

Over the next 4 years our HIICAP Coordinator will continue to maintain and expand relations with the local agencies that serve low income beneficiaries. Through education and communication she has been able to reach a wide number of beneficiaries of all ages and will continue to provide support and information to these agencies, creating a network of support for our low income clients. We will also continue to maintain a contract with the Greater Glens Falls Senior Center to have a trained HIICAP counselor available on site to provide low income population in the downtown area with education, application assistance, and screening for services. We will also continue to review

income information for clients and identify possible recipients of MSP, LIS, Medicaid or HIICAP counseling through application assistance for other programs such as SNAP and HEAP.

WHCOFA will continue to offer information to clients on the opportunities to review and update Part D plans throughout the year via outreach events, one-on-one counseling, and referrals from local agencies. We will also continue to use media (newsletter, social media) to educate on the significance of carefully assessing coverage and knowing how to make effective changes to Part D. The Greater Glens Falls Senior Center will provide presentations from the local Medicare Advantage and Prescription Drug Plan providers to beneficiaries which will give them increased opportunity to get Part D education from the plan providers directly. They will also schedule presentations from WHCOFA and EPIC to bring understanding of Part D and supportive programs to beneficiaries.

We have found that reaching these vulnerable populations is most effectively done through our partner relationships with local service agencies. WHCOFA will continue to foster these relationships and focus on education for their staff and clients to the HIICAP program and its benefits. We will continue to access the resources available for interpretive services as well as offering information to our clients on adaptive equipment.

The HIICAP program will continue to educate Medicare recipients on these important benefits through presentations, distribution of materials, and media outreach. WHCOFA will continue to have literature available at counseling sessions, at outreach events, in our newsletters, and through Medicare 101 presentations. In the next 4 years we will create new informational materials to provide beneficiaries with comprehensive yet understandable details of Medicare preventative and wellness issues.

WHCOFA has two full time employees dedicated to HIICAP year round, a contract with a local senior center, and a very knowledgeable volunteer providing health insurance counseling. While we would love to expand this program and there is a great need to do so, there is not enough funding to do this. We do not have the capacity to significantly increase the current number of client contacts or the amount of outreach and education events that we work to maintain every year.

For the four-year period covered by this plan how will the AAA increase overall outreach contacts. Please identify strategies and any new initiatives you plan to utilize to expand performance measure two (PM2) – outreach contacts?

PM2: Outreach Contacts - beneficiaries reached through presentation booths/exhibits at health/senior fairs, and enrollment events. To be counted, the event must include the provision of Medicare or HIICAP information.

See above.

For the four-year period covered by this plan how will the AAA increase contacts with Medicare beneficiaries under the age of 65. Please identify strategies and any new initiatives you plan to utilize to expand performance measure three (PM3) – Contacts with Medicare Beneficiaries under 65?

PM3: Contacts with Medicare Beneficiaries under 65-- the beneficiary must be receiving or applying for Medicare and Social Security benefits due to a disability or receiving Medicare because of the diagnosis of End-Stage Renal Disease. This does not include soon-to-be new to Medicare beneficiaries (i.e., those entering Medicare at age 65).

See above.

For the four-year period covered by this plan how will the AAA increase hard-to-reach contacts. Please identify strategies and any new initiatives you plan to utilize to expand performance measure four (PM4) – Hard-to-Reach Contacts?

PM4: Hard-to-Reach Contacts - low-income, rural, and non-native English contacts. Number of contacts made with any of the below designated hard-to-reach populations:

- Low-income beneficiaries - all contacts with beneficiaries whose income is below 150% Federal Poverty Level.
- Rural beneficiaries - all contacts with beneficiaries that live in areas with a population fewer than 50,000 as designated by the Office of Management and Budget (OMB).
- Non-native English-speaking beneficiaries - all contacts with individuals with limited English proficiency.

See above.

For the four-year period covered by this plan how will the AAA increase enrollment contacts. Please identify strategies and any new initiatives you plan to utilize to expand performance measure five (PM5) – Enrollment Contacts?

PM5: Enrollment Contacts –total unduplicated enrollment contacts as reported on the beneficiary client contact form. It includes 18 possible enrollment topics, such as assistance with enrollment in Medicare Part D plans, Medicare Advantage, the Low-Income Subsidy and Medicare Savings Programs.

See above.

1. For the four-year period covered by this plan how will the HIICAP program build and

strengthen partnerships with organizations representing culturally diverse, racial/ethnic minorities, or isolated older adults to offer more effective outreach in these communities?

See above.

2. In addition to local program staff, the HIICAP program relies on volunteers to counsel and assist Medicare beneficiaries. How will the AAA successfully increase recruitment and retention of volunteers to support local HIICAP? Please describe volunteer recruitment activities and new initiatives to support this program goal.

Volunteer recruitment in our region has been challenging for many agencies and programs. WHCOFA will work with our volunteer coordinator, RSVP, and use community outreach to search for appropriate candidates. WHCOFA will offer comprehensive and supportive training and make this opportunity available through newsletters and media outreach.

3. For the four-year period covered by this plan how will the AAA ensure the responsibilities of the HIICAP program are fulfilled please describe who will be the AAA's HIICAP representative and contact for program management and reporting. In addition, please provide details on your contingency plans if the AAA's HIICAP representative is not available.

Hanna Hall is our HIICAP Coordinator and Cathy Bearor is the back up.

GENERAL SERVICES

Please provide the following information regarding services the area agency intends to administer during the Plan period. Please refer to 21-PI-07, "Standard Definitions for Services and Units of Service."

1. Information and Assistance

- | | | |
|---|--|---|
| <input type="checkbox"/> Information | <input type="checkbox"/> Benefits counseling | <input type="checkbox"/> Referral & Follow-up |
| <input type="checkbox"/> Tax counseling | <input type="checkbox"/> Assistance | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Other (briefly describe) _____ | | |

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

WHCOFA provides both directly and through contracts, information and assistance, benefits counseling, referrals services and housing assistance to residents of both Warren and Hamilton Counties. The WHCOFA web site has a page designated to each of the services that are provided through our office, including links to other pages, contact information for WHCOFA employees, and identifies which agencies we contract with. We also provide information on our Facebook page that may be of benefit to individuals, such as caregiver support groups, outreach schedules, alerts from NYSOFA, Social Security, scam alerts, events hosted by Warren County Public Health, Hamilton County Public Health, RSVP, The Conkling Center, etc.

We have several outreach events throughout the two counties and throughout the year, that we use to provide information to individuals who may need services (HEAP, Farmer's Market, HIICAP). WHCOFA also contracts with the Greater Glens Falls Senior Center for outreach.

Individuals in both Warren and Hamilton Counties may also utilize the NY Connects program to gather information on available resources and services, either via phone, stopping in the office or utilizing the NY Connects Resource Center. We have a robust resource center in our lobby on various services available to our community members.

2. In-Home Contact and Support

- | | |
|---|---|
| <input type="checkbox"/> Friendly visiting | <input type="checkbox"/> Shopping assistance |
| <input type="checkbox"/> Telephone reassurance | <input type="checkbox"/> Supervision services |
| <input type="checkbox"/> Other (briefly describe) _____ | |

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

WHCOFA directly provides or contracts with agency partners, to provide telephone reassurance, supervision services, and shopping assistance. We have a contract with the Greater Glens Falls Senior Center and Association for the Blind for in-home contact and support. Hamilton County Public Health assists with picking up medications, etc., for clients in need of such. In Warren County, WHCOFA has a contract with the VA to transportation clients to grocery stores, pharmacies, etc. every Tuesday and Thursday.

3. Outreach

Face to face

Telephone

Internet

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

WHCOFA provides outreach to residents of both Warren and Hamilton Counties, typically scheduled to reach clients who may be eligible for HEAP assistance, Farmer's Market checks, and during open enrollment for HIICAP. A schedule is set up and staff visit the meal sites, senior housing, and farmer's markets themselves. Staff also attend "fairs" provided by other agencies, community days, etc. WHCOFA also has a contract with the Greater Glens Falls Senior Center to provide outreach to older New Yorkers.

4. Transportation

a) Service design:

Demand

Fixed route

Other partnerships, such as Lyft, Uber, or GoGo Grandparent

b) Type(s) of activities planned for the Plan period:

To medical appointments

To program sites & senior centers

To visit friends & relatives

Shopping assistance

Other (briefly describe)

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

Currently, WHCOFA offers transportation for medical appointments to residents of both Warren and Hamilton Counties who do not qualify for Medicaid, utilizing volunteer drivers, on an as needed basis. WHCOFA has also entered into a contract with Tri County United Way (RSVP) to provide medical transportation to clients in southern Warren County.

We also have contracts with most of the towns in Hamilton County, the Town of Lake Luzerne and Town of Lake George for transportation to social outings, shopping, etc. This service is either provided directly from town employees or through vendors such as Browns Bus. These trips are provided a fixed day of the week, month, based on the town itself. For

these contracts, the towns are required to provide a minimum of a 50% match, which allows for an increased amount of trips.

In the fall of 2023, WHCOFA entered into a contract with the Warren County Veterans Administration to provide social transportation to seniors of northern Warren County. Each of the designated towns have trips scheduled twice a month on a Tuesday or Thursday. Clients are picked up at their homes, brought to locations in southern Warren County such as Walmart, Hannaford, Target, Price Chopper, Walgreens, CVS, Aldi's, DMV, etc., where ever the clients choose to go. And the end of the day they are brought back home. Each participating town contributes \$2,000/annually, and the remainder is covered with CSE/matching funds.

5. Technology

Support Activities:

- USC
- Get Set Up
- Animatronic Pets
- Pets Together
- ElliQ
- Blooming Health
- Other (Briefly Describe)

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

Through social media, WHCOFA promotes the use of Get Set Up. We will highlight this program in our quarterly newsletter and at the LTCC as well. We have several companion animals that have been distributed to seniors in both Warren and Hamilton Counties. We will continue to promote the use of animatronic pets on social media, during outreach events, in our newsletter, etc. While ElliQ has not been as popular as first thought, we do have clients that have benefited from this service. This program will continue to be promoted as well. In 2025, WHCOFA will enter into a contract with Blooming Health.

6. Adult Day Services

Service design:

- Social Adult Day Services
- Adult Day Healthcare
- Other (Briefly describe)

Briefly describe service delivery structure and/or plans to develop services such as, points of service delivery, use of volunteers, and nature of service.

Through contractors, WHCOFA now offers Social Adult Day services in two locations, Countryside Adult Home in Warrensburg, and Fort Hudson Health Systems in Fort Edward. There are currently no Social Adult Day Care options in Hamilton County, but we will be reaching out to Elderwood, which is in North Creek, and close to Hamilton County, for the potential to offer Social Adult Day services for residents of Hamilton County.

LEVERAGED RESOURCES

The Leveraged Resources Inventory is an opportunity to communicate additional value the AAA brings to older adults in the PSA which may otherwise be uncaptured in this Plan.

List resources (from outside entities) which meet the following criteria:

- The **AAA** has been involved in **developing, mobilizing or acquiring the resource** for the enhancement of community-based services to older adults in the PSA (this resource would not be available to older adults in the PSA if not for the AAA's involvement),
- The resource is not a service provided as part of a contract with the outside entity. Show only the added value leveraged by the AAA **above and beyond a contract**, or services **not included in a contract**, and
- The resource is projected to be available to older adults in the Plan period.

Indicate:

- Name of the Agency/Organization,
- Services provided (include only the services the AAA was instrumental in developing, mobilizing or acquiring; do not include services for which the AAA contracts),
- Estimated annual dollar value of the services listed (again, not including the value of any contract), and
- Whether the Agency/Organization is a current contractor of the AAA for any services.

RESOURCE INVENTORY

Agency/Organization	Services Provided	Estimated Annual Dollar Value	Current Contractor	
Alzheimer's Association of Northeastern NY	Support and training to WHCOFA staff, support groups, information and resources.	1000	YES	NO
Alzheimer's Caregiver Support Initiative	Support Groups, information and resources, collaboration on services to caregivers.	1000		
Community Work Independence	Consumer directed program to deliver meals to seniors	5000		
Crandall Public Library	Research/Education, promote WHCOFA programs and services	500		
Hudson Headwaters Health Network	Displays WHCOFA brochures, refers to our program, assists in training, partnership in Quality Senior	100		
Retired Senior Volunteer Program/United Way	Volunteer recruitment for HDM, medical transportation, friendly visiting and friendly caller program	1000		
SAIL	Collaboration for NWD, referrals, TRAIID, LTCC Executive Member	500		
Salvation Army	Refers clients, social activities at congregate sites	1000		
The Conkling Center	Collaborate on presentations, support programs, ice melt program, transportation program	1000		
Queensbury High School	Program to deliver meals to seniors	5000		



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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Original Date Submitted: 02/07/2025
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ADDITIONAL FUNDING

Update Period: 4/1/24 to 3/31/25

This page is an inventory of all AAA funding without a dedicated program column on the SDRAP page. The Services Provided column below indicates allowable services. Completion of this page will result in the automatic completion of the 'All Other Programs' column of the Service Delivery and Resource Allocation Plan.

- After entry, the programs entered in codes 11 through infinity will populate in the 'Program Funding Source Codes'.
- After entry, the total amount for each service for each program will automatically populate on the corresponding line for service in the 'All Other Programs' column of the SDRAP.

Program Name	Services Provided	Area on Service Delivery Pages	Units	Amount	Program Total
HIICAP	Beneficiary Contact	OS, Line 10a.i	2841	64820	68320
	Group Outreach and Education	OS, Line 10a.ii	21	1000	
	Media Outreach and Education	OS, Line 10a.iii	8	500	
	Area Plan Administration	MP, Line 17		2000	
MIPPA	Beneficiary Contact	OS, Line 10a.i	2841	26438	27938
	Group Outreach and Education	OS, Line 10a.ii	21	500	
	Media Outreach and Education	OS, Line 10a.iii	8	500	
	Area Plan Administration	MP, Line 17		500	
State Funded Transportation	Assisted Transportation	MP, Line 7	0	0	11200
	Transportation	MP, Line 11	730	11200	
NY Connects E & E	Information & Assistance	OS, Line 9a.i	1000	147460	224678
	Options Counseling/Person Centered Counseling	OS, Line 9a.ii	20	40000	
	Public Education	OS, Line 9a.iii	10	3000	
	Area Plan Administration	MP, Line 17		34218	
ADCSI	Add Services				0
County Funds (not Match or over-Match)	Add Services				0
Contracts: purchase of AAA services by healthcare/other providers (see Revenue Diversification page)	Add Services				0
COVID Funding	Add Services				104980
Add/Remove Other Programs					

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Program Pages

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 AIP Period: 4/1/24 to 3/31/25 *
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/07/2025 | Last Saved By: Deanna Park

New York State Office for the Aging
 Service Delivery and Resource Allocation Plan

Federal Services State Services Other Services Federal Other Services State Caregiver Supplemental Services Caregiver Services Older Relatives Supplemental Services Older Relatives

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-B		Title III-C-1		Title III-C-2		Title III-D		Title III-E	
				Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Personal Care Level II (Personal Care)			40	6678	194000	0	0								
a. Not Consumer Directed		<input checked="" type="checkbox"/>	39	6143	179000	0	0								
b. Consumer Directed		<input checked="" type="checkbox"/>	1	535	15000	0	0								
2. Personal Care Level I (Homemaker)			25	3523	103800	0	0								
a. Not Consumer Directed		<input checked="" type="checkbox"/>	25	3523	103800	0	0								
b. Consumer Directed		<input type="checkbox"/>	0	0	0	0	0								
3. Chore		<input type="checkbox"/>	0	0	0	0	0								
4. Home Delivered Meals (Total)	<input checked="" type="checkbox"/>		620	90297	1149750					31664	397866				
a. NSIP Ineligible Meals			20	2434	30584					2434	30584				
b. NSIP Eligible Meals			600	87863	1119166					29230	367282				
5. Adult Day Services		<input checked="" type="checkbox"/>	3	575	43229	0	0								
6. Case Management	<input checked="" type="checkbox"/>		85	1089	115030	0	0								
7. Assisted Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	50	2000	50	2000	0	0						
8. Congregate Meals (Total)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	285	31386	395964			26443	332673						
a. NSIP Ineligible Meals			10	2426	30506			2426	30506						
b. NSIP Eligible Meals			275	28960	365458			24017	302167						
9. Nutrition Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	354	16613			65	2963	50	2250				
10. Legal Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50	160	17950	0	0								
11. Transportation	<input checked="" type="checkbox"/>		125	3978	66659	0	0								
12. Nutrition Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	650	202	10478			65	2963	50	2250				
13. Information & Assistance	<input checked="" type="checkbox"/>		1100	7795	353098	4500	61523	0	0	0	0				
14. Health Promotion: Evidence-Based	<input checked="" type="checkbox"/>		12	72	7942	0	0					72	7942		

Service Categories	Dir	Con	Number of Individuals to be Served	Grand Total	Title III-B	Title III-C-1	Title III-C-2	Title III-D	Title III-E
15. Health Promotion: Not Evidence-Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>	225	1003	8813	0	0	0	0
16a. Other Services			2160	7605	319218	0	0	0	0
16b. Caregiver Services			550	2161	73460				2161
17. Area Plan Administration					152338	35620	0	0	0
Total					3030342	99143	338599	402366	7942
				Grand Total					73460

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 AIP Period: 4/1/24 to 3/31/25 *
 Original Date Submitted: 02/07/2025
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New York State Office for the Aging
 Service Delivery and Resource Allocation Plan

Federal Services | State Services | Other Services Federal | Other Services State | Caregiver Services | Caregiver Supplemental Services | Caregiver Services Older Relatives | Supplemental Services Older Relatives

Service Categories	EISEP		CSE		CSI		NIN		UNMET NEED		ADD'L FUNDING	
	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount	Units	Amount
1. Personal Care Level II (Personal Care)	6678	194000	0	0	0	0	0	0	0	0	0	0
a. Not Consumer Directed	6143	179000	0	0	0	0	0	0	0	0	0	0
b. Consumer Directed	535	15000	0	0	0	0	0	0	0	0	0	0
2. Personal Care Level I (Homemaker)	3523	103800	0	0	0	0	0	0	0	0	0	0
a. Not Consumer Directed	3523	103800	0	0	0	0	0	0	0	0	0	0
b. Consumer Directed	0	0	0	0	0	0	0	0	0	0	0	0
3. Churn	0	0	0	0	0	0	0	0	0	0	0	0
4. Home Delivered Meals (Total)	0	0	0	0	0	0	0	0	0	0	0	0
a. NSIP Eligible Meals	0	0	0	0	0	0	0	0	0	0	0	0
b. NSIP Ineligible Meals	0	0	0	0	0	0	0	0	0	0	0	0
5. Adult Day Services	575	43229	0	0	0	0	0	0	0	0	0	0
6. Case Management	1089	115030	0	0	0	0	0	0	0	0	0	0
7. Assisted Transportation	0	0	0	0	0	0	0	0	0	0	0	0
8. Congregate Meals (Total)	0	0	0	0	0	0	0	0	0	0	0	0
a. NSIP Eligible Meals	0	0	0	0	0	0	0	0	0	0	0	0
b. NSIP Ineligible Meals	0	0	0	0	0	0	0	0	0	0	0	0
9. Nutrition Counseling	0	0	0	0	0	0	0	0	0	0	0	0
10. Legal Assistance	1148	17229	160	17950	0	0	0	0	0	0	0	0
11. Transportation	0	0	2100	38230	0	0	0	0	0	0	0	0
12. Nutrition Education	0	0	0	0	0	0	0	0	0	0	0	0
13. Information & Assistance	0	0	3255	287944	40	3631	0	0	0	0	0	0
14. Health Promotion: Evidence-Based	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	19688	263540	20973	449211	20973	449211	20973	263540	19688	39133	19688	39133

	EISEP	CSE	CSI	WIN	UNMET NEED	ADDTL. FUNDING
15. Health Promotion: Not Evidence-Based	0	1003	8813	0	0	0
15a. Other Services	535	300	20000	0	0	6770
15b. Caregiver Services	0	0	0	0	0	0
17. Area Plan Administration	40000	40000	0	0	0	36718
Total	528288	412937	3631	456211	270649	437116
Service Categories	EISEP	CSE	CSI	WIN	UNMET NEED	ADDTL. FUNDING

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	EISEP	CSE	CSI	WIN	UNMET	ADDTL. FUNDING
9. Access Not Reported Elsewhere	0	0	0	0	0	190460
a. NY Connects						190460
i. Information and Assistance						1000
ii. Options Counseling/Person Centered Counseling						147460
iii. Public Education						40000
b. Discount Program	0	0	0	0	0	3000
c. Energy Assistance	0	0	0	0	0	0
d. Financial/Tax Counseling	0	0	0	0	0	0
e. SNAP (DSS)	0	0	0	0	0	0
f. Weatherization	0	0	0	0	0	0
g. AAA Entered Services (Total)	0	0	0	0	0	0
10. Other	0	0	0	0	0	93758
a. MIPPA & HICAP						93758
i. Beneficiary Contact						5740
ii. Group Outreach and Education						5682
iii. Media Outreach and Education						42
b. Employment	0	0	0	0	0	1500
c. Shopping Assistance	0	0	0	0	0	1000
d. Volunteer Services Program	0	0	0	0	0	0
e. AAA Entered Services (Total)	0	0	0	0	0	0
Service Categories						

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Service Categories	Dir	Con	Number of Individuals	Grand Total	Title III-E	EISEP	CSE	CSI	UNMET	ADDTL. FUNDING
Respite (Overnight)										
1. Not Consumer Directed	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0		0	0	0	0
2. Consumer Directed	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0		0	0	0	0
3. Voucher	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0		0	0	0	0
2. Non-Registered Caregiver Services			520	134	9660		0	0	0	0
a. Caregiver Support Groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	40	2000	40	2000	0	0	0
b. Assistance: Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	90	7160	90	7160	0	0	0
c. Caregiver Information (Public)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500	4	500	4	500	0	0	0
Service Categories	Dir	Con	Number of Individuals	Grand Total	Title III-E	EISEP	CSE	CSI	UNMET	ADDTL. FUNDING

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Dir	Con	Number of Individuals	Grand Total	Title III-E	CSE	CSI	UNMET	ADDTL. FUNDING
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
d. Caregiver Nutrition Education								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
8. Other Supplemental Services								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
a. Caregiver Socialization								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
i. Caregiver Telephone Reassurance								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
ii. Caregiver Socialization Other								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
b. Caregiver Care Expenses								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
c. AAA Entered Other Caregiver Supplemental Services. (Total)								
<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0	0	0
Service Categories								

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AAA: Warren/Hamilton Counties Office for the Aging - S2
 AIP Period: 4/1/24 to 3/31/25 *
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New York State Office for the Aging
 Service Delivery and Resource Allocation Plan

Service Categories	Dir	Con	Number of Individuals	Grand Total		Title III-E		ADDTL. FUNDING	
				Units	Amount	Units	Amount	Units	Amount
1. Registered Caregiver Services - Older Relatives			0	0	0	0	0	0	0
a. Caregiver Counseling	<input type="checkbox"/>		0	0	0	0	0	0	0
b. Caregiver Training	<input type="checkbox"/>		0	0	0	0	0	0	0
c. Supplemental Services - Older Relatives			0	0	0	0	0	0	0
d. Assistance: Case Management (Caregiver)	<input type="checkbox"/>		0	0	0	0	0	0	0
e. Respite Care Services			0	0	0	0	0	0	0
i. In-Home Respite			0	0	0	0	0	0	0
1. Not Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
2. Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
3. Voucher	<input type="checkbox"/>		0	0	0	0	0	0	0
ii. Out-of-Home Respite (Day)			0	0	0	0	0	0	0
1. Not Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
2. Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
3. Voucher	<input type="checkbox"/>		0	0	0	0	0	0	0
iii. Out-of-Home Respite (Overnight)			0	0	0	0	0	0	0
1. Not Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
2. Consumer Directed	<input type="checkbox"/>		0	0	0	0	0	0	0
3. Voucher	<input type="checkbox"/>		0	0	0	0	0	0	0
2. Non-Registered Caregiver Services			0	0	0	0	0	0	0
a. Caregiver Support Groups	<input type="checkbox"/>		0	0	0	0	0	0	0
b. Assistance: Information and Assistance	<input type="checkbox"/>		0	0	0	0	0	0	0
c. Caregiver Information (Public)	<input type="checkbox"/>		0	0	0	0	0	0	0

Service Categories	Dir	Con	Number of Individuals	Grand Total	Title III-E	ADDTL. FUNDING
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Service Categories	Dir	Con	Number of Individuals	Grand Total	Title III-E	ADDTL. FUNDING
8. Other Supplemental Services			0	0	0	0
a. Caregiver Socialization			0	0	0	0
i. Caregiver Telephone Reassurance	<input type="checkbox"/>		0	0	0	0
ii. Caregiver Socialization Other	<input type="checkbox"/>		0	0	0	0
b. Caregiver Care Expenses Support	<input type="checkbox"/>		0	0	0	0
c. AAA Entered Other Caregiver Supplemental Services (Total)			0	0	0	0
Service Categories			Number of Individuals	Grand Total	Title III-E	ADDTL. FUNDING

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Period: 1/1/24 to 12/31/24
 Title III-B Period (if different than above):
 to
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/03/2025 | Last Saved By: Deanna Park

Supporting Budget Schedule - Federal Programs

ES. MAINTENANCE & OPERATIONS	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Rental Costs from Rent Allocation Schedule	0	9470	9500	0	0
B. Equipment Maintenance	0	180	0	0	0
C. Equipment Costing Less Than \$1,000	290	0	0	0	290
D. Insurance	0	353	0	0	265
E. Photocopying	0	0	0	0	0
F. Postage	90	225	0	30	100
G. Printing	0	0	0	0	0
H. Supplies	600	3000	4867	412	607
I. Telephone	22	900	2220	25	100
J. Other (specify): Data/Internet User Fee	214	0	0	0	0
K. Other (specify):	0	0	0	0	0
L. Other (specify):	0	0	0	0	0
Total Maintenance & Operations	1216	14128	16587	467	1362
EG. OTHER EXPENSES	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Audits	0	0	0	0	0
B. Bonding	0	0	0	0	0
C. Conferences, Seminars & Training	0	0	0	0	0
D. Membership & Subscriptions	225	225	0	0	113
E. Minor Alterations & Renovations	0	0	0	0	0
F. Language Access Services	0	0	0	0	0
G. Other (specify): Workmen's Comp	1494	5704	0	0	1902
H. Other (specify):	0	0	0	0	0
Total Other Expenses	1719	5929	0	0	2015
	Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Period: 1/1/24 to 12/31/24
 Title III-B Period (if different than above):
 to
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/06/2025 | Last Saved By: Deanna Park

Supporting Budget Schedule - Federal Programs - cont.

R10. ANTICIPATED INCOME		Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Participant Contributions		0.00	52000.00	65000.00	0.00	0.00
B. Other Income (specify source): MLTC		0.00	0.00	15000.00	0.00	0.00
Total Income (10A + 10B)		0	52000	80000	0	0
R13. FEDERAL FUNDS		Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
A. Carryover*		0.00	0.00	0.00	0.00	0.00
B. Base Allocation		75376.00	116980.00	88569.00	7148.00	55092.00
C. Transfer From and (To) III-B**			0.00	0.00		
D. Transfer From and (To) III-C1**		0.00		0.00		
E. Transfer From and (To) III-C2**		0.00	0.00			
F. Supplement		0.00	0.00	0.00	0.00	0.00
G. Reallocation		0.00	0.00	0.00	0.00	0.00
H. Amount Returned (-)		0.00	0.00	0.00	0.00	0.00
Total Federal Funds		75376	116980	88569	7148	55092
R14. MATCHING FUNDS		Title III-B	Title III-C1	Title III-C2	Title III-D	Title III-E
Source	Class included					
Warren County	<input type="checkbox"/>	19014.00	96182.00	131773.00	397.00	10897.00
Hamilton County	<input type="checkbox"/>	4753.00	64121.00	87849.00	397.00	7471.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
	<input type="checkbox"/>	0.00	0.00	0.00	0.00	0.00
Volunteers as Match		0	0	0	0	0
Total Matching Funds		23767	160303	219622	794	18368

* If Carryover exceeds 7.5% of the previous year's total Federal award for Titles III-B, III-C, III-E or 25% for Title III-D a justification must be provided in Attachment D.
 ** Provide justification for all transfers in Attachment D.

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 AIP Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/07/2025 | Last Saved By: Deanna Park

Application for Funding
 Summary Budget for EISEP, CSE, CSI, and WIN Programs

Budget Category	EISEP		CSE		CSI		WIN		Budget
	Administration	Services	Administration	Services	Administration	Services	Administration	Services	
Administrators									
E1 Personnel	30676	33197	63833	206889	233882	0	0	149700	149700
E2 Fringe Benefits	9164	21000	30564	66500	73500	0	0	39000	39000
E3 Expatriation	0	0	4757%	3147%	0	0	0	0	26.14%
E4 Travel	0	0	0	0	0	0	0	0	0
E5 Information & Technology	0	5893	5893	6750	6750	0	0	26000	26000
E6 Other Expenses	0	2740	2740	455	455	599	0	16901	16901
E7 Contingency	0	424558	424558	98143	98143	0	0	20110	20110
E8 Bond	0	0	0	0	0	0	0	24000	24000
TOTAL EXPENDITURES	40000	488288	528288	372937	412937	3631	3631	456211	456211
Revenues									
R1 Program Income	15500	0	15500	14000	14000	0	0	35000	35000
R2 NSIP	0	0	0	0	0	0	0	13802	13802
NET TOTAL EXPENDITURES	40000	472888	517388	359237	398937	3631	3631	407009	407009
E3.1 Other State	40000 (a)	354405 (a)	394405	240178 (a)	260178	2222 (b)	2222 (b)	2722 (a)	2722 (a)
E3.2 Other State	0	74,067	74,067	66,9137	66,9137	0.00	74,9556	74,957	74,957
R4 Matching Funds	118,883	118,883	118,883	118,759	118,759	909	909	119428	119428
TOTAL REVENUES	40000	488288	528288	372937	412937	3631	3631	456211	456211

- (a) 100% State Reimbursement
- (b) 75% State Reimbursement
- (c) Limited to 5% of total state funds (WIN and CSI programs)

EISEP In-Home Services Percentage: 62.99%
 (EISEP In-Home Services include Personal Care Level I & II & Consumer Directed In-home Services only)
 EISEP Ancillary Services Percentage: 15.96%
 (Ancillary services include Adult Day Services not provided as non-institutional respite, HDM, Congregate Meals, Nutrition Counseling, Assisted Transportation/Escort, Transportation, In-home Contact and Support not provided as non-institutional respite, Health Promotion, Personal Emergency Response and Other Services)
 (See Guide for Completion and the worksheet for additional information.)



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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/07/2025 | Last Saved By: Deanna Park

Summary Budget for EISEP, CSE, CSI, and WIN Programs

ES. MAINTENANCE & OPERATIONS	EISEP	CSE	CSI	WIN
A. Rental Costs from Rent Allocation Schedule	0	0	0	11771
B. Equipment Maintenance	0	0	0	300
C. Equipment Costing Less Than \$1,000	2100	290	0	0
D. Insurance	618	0	265	400
E. Photocopying	300	0	0	0
F. Postage	275	38	37	0
G. Printing	0	0	0	0
H. Supplies	2086	105	245	3650
I. Telephone	300	22	52	780
J. Other (specify): Data/Internet User Fee	214	0	0	0
K. Other (specify):	0	0	0	0
L. Other (specify):	0	0	0	0
Total Maintenance & Operations	5893	455	599	16901
E6. OTHER EXPENSES	EISEP	CSE	CSI	WIN
A. Audits	0	0	0	0
B. Bonding	0	0	0	0
C. Conferences, Seminars & Training	500	0	0	0
D. Membership & Subscriptions	338	0	113	0
E. Minor Alterations & Renovations	0	0	0	0
F. Language Access Services	0	500	0	0
G. Other* (specify): Workmens Comp	1902	0	2919	0
H. Other* (specify):	0	0	0	0
Total Other Expenses	2740	500	3032	0

*Equipment and assistive devices purchased as EISEP Ancillary Services must be included on line 6. G or H unless they are purchased as part of a contract.

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/07/2025 | Last Saved By: Deanna Park

Summary Budget for EISEP, CSE, CSI, and WIN Programs

R10. ANTICIPATED INCOME	EISEP	CSE	CSI	WIN
A. Cost Sharing	15500	0		
B. Cost Sharing Transferred from EISEP to CSE	0	0		
C. Net Cost Sharing (10A)+ or -(10B)	15500	0		
D. Participant Contributions	0	0	0	34000
E. Other Income (specify source): MLTC/Towns for Transportati	0	14000	0	1000
F. Contributions Used as Match	0	0	0	
Total Income (10C)+(10D)+(10E)-(10F)	15500	14000	0	35000
R11. Matching Funds				
Source (Check if In-Kind)	EISEP	CSE	CSI	WIN
Warren County <input type="checkbox"/>	73473	71637	521	71946
Hamilton County <input type="checkbox"/>	44910	47122	388	47482
<input type="checkbox"/>	0	0	0	0
<input type="checkbox"/>	0	0	0	0
Volunteers as Match	0	0	0	
Contributions Used as Match	0	0	0	
Total Matching Funds	118383	118759	909	119428

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 HICAP Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/06/2025 | Last Saved By: Deanna Park

Application For Funding
 Summary Budget for Unmet Need, CRC, State Transportation and HICAP Programs

Budget Category	Unmet Need		CRC		Transportation		HICAP	
	Administrative Costs	Services Costs						
Expenditures								
EA Personnel	0	4513	0	0	0	0	0	48147
EA Fringe Benefits	0	18000	0	0	0	0	0	12449
EA Expenses	0	12861	0	0	0	0	0	28451 %
EA Travel	0	11100	0	0	0	379	0	0
EA Rehabilitation & Operations	0	7623	0	0	0	0	0	1224
EA Other Expenses	0	2128	0	0	0	0	0	0
EA Capital	0	135924	0	0	10821	0	0	15000
EA Total	0	35000	0	0	11200	379	0	68320
Total Expenditures	0	270649	0	0	11200	379	0	68320
Revenues								
RC Program Fee/Ship		30066		0		0		0
RC NSRP		0		0		0		0
Net State Expenditures	0	240649	0	0	11200	0	0	68320
RC Grant Share	0 (b)	190000	0 (b)	0	11200	0 (b)	0 (b)	68320
Net State Net Funding	0	30649	0	0	0	0	0	0
Total Revenues	0	270649	0	0	11200	0	0	68320

- a. State Transportation funds may not be utilized to purchase vehicles
- b. Limited to 15% of total funds requested

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 HIICAP Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/04/2025 | Last Saved By: Deanna Park

Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs

E5. MAINTENANCE & OPERATIONS	Unmet Need	CRC	Transportation	HIICAP
A. Rental Costs from Rent Allocation Schedule	3018	0	0	0
B. Equipment Maintenance	303	0	0	0
C. Equipment Costing Less Than \$1,000	0	0	0	0
D. Insurance	265	0	0	0
E. Photocopying	0	0	0	0
F. Postage	37	0	0	125
G. Printing	0	0	0	0
H. Supplies	3333	0	0	785
I. Telephone	667	0	0	100
J. Other (specify): Data/Internet Usage Fee	0	0	0	214
K. Other (specify):	0	0	0	0
L. Other (specify):	0	0	0	0
Total Maintenance & Operations	7623	0	0	1224
E6. OTHER EXPENSES	Unmet Need	CRC	Transportation	HIICAP
A. Audits	0	0	0	0
B. Bonding	0	0	0	0
C. Conferences, Seminars & Training	0	0	0	0
D. Membership & Subscriptions	226	0	0	0
E. Minor Alterations & Renovations	0	0	0	0
F. Language Access Services	0	0	0	0
G. Other (specify): Workmens Comp	1902	0	0	0
H. Other (specify):	0	0	0	0
Total Other Expenses	2128	0	0	0

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 HIICAP Period: 4/1/24 to 3/31/25
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/06/2025 | Last Saved By: Deanna Park

Summary Budget for Unmet Need, CRC, State Transportation and HIICAP Programs - cont.

R10. PROGRAM INCOME		Unmet Need	CRC	Transportation	HIICAP
A. Cost Sharing		0			
B. Cost Sharing Transferred		0			
C. Net Cost Sharing		0			
D. Participant Contributions		16700	0	0	0
E. Other Income (specify source): MLTC		13300	0	0	0
F. Contributions Used as Match		0	0	0	0
Total Income		30000	0	0	0
R14. Matching Funds Source	Check if Match	Unmet Need	CRC	Transportation	HIICAP
Warren County	<input type="checkbox"/>	30389	0	0	0
Hamilton County	<input type="checkbox"/>	20260	0	0	0
	<input type="checkbox"/>	0	0	0	0
	<input type="checkbox"/>	0	0	0	0
	<input type="checkbox"/>	0	0	0	0
Volunteers as Match		0	0	0	0
Contributions Used as Match		0	0	0	0
Total Matching Funds		50649	0	0	0

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PERSONNEL ROSTER

Complete for Each Position (N) Name (T) Title	Check below if furniture (a) is True	1. Annual Salary		2. Title-III Area Plan Admin (a)		3. Title III-B Services		4. Title III-C1 Services		5. Title III-C2 Services		6. Title III-E Services		7. EISEP		8. CSE			9. WIN		10. Other Funding		Sources (a)	
N Altous, Kellie	[]	25,242	100.00%	0	0.00%	0	0.00%	9,534	3,428	3,428	0	0	0	0	0	0	0	0	0	5,929	6,351	23,49%	#3 #11	
T Cook	[]	30,341	100.00%	0	0.00%	0	0.00%	37,77%	7,786	7,786	0	0	0	0	0	0	0	0	0	11,855	4,015	23,49%	#3	
T MealSite Manager	[]	100.00%	100.00%	0	0.00%	0	0.00%	22,03%	25,66%	25,66%	0	0	0	0	0	0	0	0	0	39,07%	13,23%	23,49%	#3	
N Beator, Catherine	[]	61,066	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	40,162	65,77%	#4 #6 #7	
T Aging Services Representative/Specialist/WorkerAide	[]	47,638	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	38,111	9,527	#7	
T Other	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	20,00%	20,00%	#3 #11	
N Brennan, Kelly	[]	37,081	100.00%	0	0.00%	0	0.00%	14,188	5,324	5,324	0	0	0	0	0	0	0	0	0	6,671	8,918	24,05%	#3 #11	
T MealSite Manager	[]	22,875	100.00%	0	0.00%	0	0.00%	38,21%	14,36%	14,36%	0	0	0	0	0	0	0	0	0	23,38%	24,05%	24,05%	#7	
N Cabana, Cynthia	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Other	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Church, Lauren	[]	24,609	100.00%	0	0.00%	0	0.00%	9,480	3,96%	3,96%	0	0	0	0	0	0	0	0	0	5,738	5,987	24,31%	#3 #11	
T Cook	[]	100.00%	100.00%	0	0.00%	0	0.00%	38,52%	13,80%	13,80%	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Couler, Cynthia	[]	48,130	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	21,659	24,084	24,084	#7
T Other	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	45,00%	50,00%	50,00%	#7
N Cummings, Bernice	[]	36,706	100.00%	0	0.00%	0	0.00%	14,281	5,627	5,627	0	0	0	0	0	0	0	0	0	8,866	7,907	21,54%	#3 #11	
T MealSite Manager	[]	55,824	100.00%	0	0.00%	0	0.00%	38,91%	15,40%	15,40%	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
N Haines, Jeffrey	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
T Fiscal Officer	[]	61,066	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
N Hall, Johanna	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
T Other	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Hanchell, Sherry	[]	54,574	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Other	[]	42,436	100.00%	0	0.00%	0	0.00%	10,338	12,041	12,041	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Howk, Connie	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T Food Service Worker/Aide/Helper	[]	25,228	100.00%	0	0.00%	0	0.00%	24,36%	28,37%	28,37%	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N Johnson, Linda	[]	100.00%	100.00%	0	0.00%	0	0.00%	22,01%	25,65%	25,65%	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T Cook	[]	18,498	100.00%	0	0.00%	0	0.00%	13,873	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Kawaguchi, Dinah	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Keyboard Specialist	[]	29,758	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N Kosolki, Christine	[]	100.00%	100.00%	0	0.00%	0	0.00%	22,04%	25,67%	25,67%	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T MealSite Manager	[]	17,216	100.00%	0	0.00%	0	0.00%	2,535	2,801	2,801	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N Mann, Hazel	[]	52,486	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7 #1	
T Cook	[]	35,856	100.00%	0	0.00%	0	0.00%	7,899	9,186	9,186	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T Volunteer Services Coordinator/Specialist	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N McGarity, MaryAnn	[]	35,575	100.00%	0	0.00%	0	0.00%	7,789	9,068	9,068	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T MealSite Manager	[]	74,279	100.00%	0	0.00%	0	0.00%	21,889%	25,49%	25,49%	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N Mumblow, Ruth	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Volunteer Services Coordinator/Specialist	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N O'Rourke, RoseAnn	[X]	5,000	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Other	[]	10,805	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Ostrander, Jessi	[]	89,246	100.00%	0	0.00%	0	0.00%	4,07%	1,26%	1,26%	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
T Cook	[]	46,143	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Park, Deanna	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Director	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Pratt, Lisa	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#7	
T Aging Services Representative/Specialist/WorkerAide	[]	14,292	100.00%	0	0.00%	0	0.00%	6,670	1,911	1,911	0	0	0	0	0	0	0	0	0	0	0	0	#7	
N Simola, Isabella	[]	35,856	100.00%	0	0.00%	0	0.00%	60,66%	13,37%	13,37%	0	0	0	0	0	0	0	0	0	0	0	0	#11	
T Cook	[]	100.00%	100.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#11	
N Smith, Colleen	[]	35,300	100.00%	0	0.00%	0	0.00%	14,198	5,469	5,469	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
T MealSite Manager	[]	100.00%	100.00%	0	0.00%	0	0.00%	39,49%	15,21%	15,21%	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
N Substitutes - Hamilton	[]	100.00%	100.00%	0	0.00%	0	0.00%	31,29%	13,76%	13,76%	0	0	0	0	0	0	0	0	0	0	0	0	#3 #11	
T Food Service Worker/Aide/Helper	[]	13,000	100.00%	0	0.00%	0	0.00%	28,80%	32,92%	32,92%	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T Other	[]	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
N Volunteers Used As Match	[]	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
T Volunteers Used As Match	[]	0	0.00%	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#3	
Grand Total		1,087,456		30,614	45,588	132,929	89,556	8,212	30,656	33,197	33,000	290,589	149,200	329,935										

For Positions Used as In-Kind, note with (*) after their name
 (a) Check box if AAAA staff is designated or responsible for nutrition program oversight and/or operations.

EQUIPMENT SCHEDULE

Equipment Item (Unit cost or annual rental of \$1,000 or more)	1 Quantity	2 Unit Price	3 Total Cost (1x2)	4 Title III-B Cost	5 Title III-C-1 Cost	6 Title III-C-2 Cost	7 Title III-D Cost	8 Title III-E Cost	9 EISEP Cost	10 CSE Cost	11 WIN Cost	12 Other Funding Sources** Amount #3
Range - 10 burner/double oven	1	12,861	12,861	0	0	0	0	0	0	0	0	12,861
Grand Total			12,861	0	0	0	0	0	0	0	0	12,861

* AAAs should not include items purchased as EISEP ancillary services. These items should be included on the State Supporting Budget Schedule 1 for EISEP, CSE, CSI, WIN, CRC and State Transportation under 6 Other Expenses, lines F through H.
 ** Specifies on equipment charged to the 'Other Funding' category, i.e. HIICAP, Title V, etc. must also be included in the supporting budget portion of the other program's grant application.

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HIICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) A/DCSI	9) Contracts	10) County Funds
#(OtherSourceDesc:currentrow+10)# #ProgramName#				

*** Notes: Equipment may not be charged to the State Caregivers (CRC) grant. Vehicles may not be charged to the State Transportation program.

RENT ALLOCATION SCHEDULE

Complete For Each Location	1 Annual Cost Total Percent	2 Title III-B	3 Title III-C-1	4 Title III-C-2	5 Title III-E	6 EISEP	7 CSE	8 WIN	9. OTHER FUNDING	
									Source(s)** Amount	#3
Address: Senior Citizen's Ctr., Bolton Landing Owner: Church of the Blessed Sacrament Annual Rent: 1 Maint.-in-Lieu: 10,049	10,050 100%	0 0.00%	3,000 29.85%	3,000 29.85%	0 0.00%	0 0.00%	0 0.00%	3,500 34.83%	550 5.47%	#3
Address: Senior Center, Indian Lake Owner: Town of Indian Lake Annual Rent: 1 Maint.-in-Lieu: 0	1 100%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	100.00%	0 0.00%	#3
Address: Senior Center, Johnsbury Owner: Town of Johnsbury Annual Rent: 1 Maint.-in-Lieu: 5,949	5,950 100%	0 0.00%	1,500 25.21%	2,000 33.61%	0 0.00%	0 0.00%	0 0.00%	2,000 33.61%	450 7.56%	#3
Address: 539 Lake Avenue, Lake Luzerne, NY 12846 Owner: Town of Lake Luzerne Annual Rent: 13,250 Maint.-in-Lieu: 0	13,250 100%	0 0.00%	3,400 25.65%	3,600 27.17%	0 0.00%	0 0.00%	0 0.00%	4,900 36.98%	1,350 10.19%	#3 #11
Address: Senior Center, Lake Pleasant Owner: Town of Lake Pleasant Annual Rent: 1 Maint.-in-Lieu: 2,174	2,175 100%	0 0.00%	850 39.08%	500 22.99%	0 0.00%	0 0.00%	0 0.00%	555 25.52%	270 12.41%	#3 #11
Address: Town Hall, Long Lake Owner: Town of Long Lake Annual Rent: 1 Maint.-in-Lieu: 1,252	1,253 100%	0 0.00%	350 27.93%	200 15.96%	0 0.00%	0 0.00%	0 0.00%	400 31.92%	303 24.18%	#3 #11
Address: Buttermilk Falls Road, Wells Owner: Wells Ambulance Corp Annual Rent: 1 Maint.-in-Lieu: 1,359	1,360 100%	0 0.00%	370 27.21%	200 14.71%	0 0.00%	0 0.00%	0 0.00%	415 30.51%	375 27.57%	#3 #11
Grand Total	34,039	0	9,470	9,500	0	0	0	11,771	3,298	

For Locations Used as In-Kind, Note with Asterisk (*).

Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HICAP	5) MIPPA
6) Transportation	7) NY Connects E & E	8) ADCSI	9) Contracts	10) County Funds
#OtherSourceDesc,currentrow+10# #ProgramName#				

CONTRACTOR ROSTER

Name: Adirondack Community Action Programs, Inc. Contractor Code: 52956 E-Mail: [X] No [] Yes MWBE: [] No [X] Yes Number of contracts, (State & Federal): [] No [X] Yes For Profit: [] No [X] Yes Active: [] No [X] Yes New: [X] No [] Yes RD: [X] No [] Yes Consultant: [X] No [] Yes		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: American Medical Alert Corp Contractor Code: 52957 E-Mail: [X] No [] Yes Rural Contractor: [] No [X] Yes Number of contracts, (State & Federal): [] No [X] Yes For Profit: [] No [X] Yes Active: [] No [X] Yes New: [X] No [] Yes RD: [X] No [] Yes Consultant: [X] No [] Yes		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: Catharine Keating-Shaugh, RD Contractor Code: 52941 E-Mail: keating@waimountainny.gov MWBE: [] No [X] Yes Rural Contractor: [] No [X] Yes Number of contracts, (State & Federal): [] No [X] Yes For Profit: [] No [X] Yes Active: [] No [X] Yes New: [X] No [] Yes RD: [] No [X] Yes Consultant: [] No [X] Yes		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: Countryside Adult Home Contractor Code: 52944 E-Mail: mcbyrne@waimountainny.gov MWBE: [X] No [] Yes Rural Contractor: [] No [X] Yes Number of contracts, (State & Federal): [] No [X] Yes For Profit: [] No [X] Yes Active: [] No [X] Yes New: [X] No [] Yes RD: [X] No [] Yes Consultant: [X] No [] Yes		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: Fort Hudson Health System Contractor Code: 52953 E-Mail: [X] No [] Yes Rural Contractor: [X] No [] Yes Number of contracts, (State & Federal): [] No [X] Yes For Profit: [] No [X] Yes Active: [] No [X] Yes New: [X] No [] Yes RD: [X] No [] Yes Consultant: [X] No [] Yes		III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$2,700 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$1,110 Services to be provided: 1 (Must be completed)	\$2,300 Services to be provided: 1 (Must be completed)	\$6,110 Services to be provided: 3 (Must be completed)
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$15,000 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$15,000 Services to be provided: 1 (Must be completed)
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0 Services to be provided: 0 (Must be completed)	\$5,926 Services to be provided: 2 (Must be completed)	\$5,500 Services to be provided: 2 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$7,000 Services to be provided: 2 (Must be completed)	\$8,674 Services to be provided: 2 (Must be completed)	\$27,300 Services to be provided: 8 (Must be completed)	
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0 Services to be provided: 0 (Must be completed)	\$20,500 Services to be provided: 1 (Must be completed)	\$21,000 Services to be provided: 1 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$20,458 Services to be provided: 2 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$16,500 Services to be provided: 1 (Must be completed)	\$30,000 Services to be provided: 1 (Must be completed)	\$108,458 Services to be provided: 6 (Must be completed)	
Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? [] Yes [X] No		\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$ 0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)	

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Glens Falls Association for the Blind, Inc.
 Contractor Code: 52002
 E-Mail: [] No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): [2]
 Contractor Type: For Profit
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$2,000 Services to be provided: 1 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$7,650 Services to be provided: 2 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$9,650 Services to be provided: 3 (Must be completed)				

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Greater Adirondack Home Aides, Inc.
 Contractor Code: 52003
 E-Mail: oneliner@tdyha.org
 MWBE: No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): [2]
 Contractor Type: For Profit
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$0 Services to be provided: 0 (Must be completed)	\$35,000 Services to be provided: 1 (Must be completed)	\$225,000 Services to be provided: 4 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$260,000 Services to be provided: 5 (Must be completed)						

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Greater Glens Falls Senior Citizens Center, Inc.
 Contractor Code: 52004
 E-Mail: [] No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): [3]
 Contractor Type: Not For Profit
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$0 Services to be provided: 0 (Must be completed)	\$26,500 Services to be provided: 2 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$13,500 Services to be provided: 2 (Must be completed)	\$40,000 Services to be provided: 4 (Must be completed)					

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Hamilton County Public Nursing Services
 Contractor Code: 52007
 E-Mail: [] No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): [3]
 Contractor Type: Other Govt
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$0 Services to be provided: 0 (Must be completed)	\$21,300 Services to be provided: 1 (Must be completed)	\$45,000 Services to be provided: 2 (Must be completed)	\$3,313 Services to be provided: 1 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$69,613 Services to be provided: 4 (Must be completed)			

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Home Aide Services of the Central Adirondacks
 Contractor Code: 52052
 E-Mail: [] No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): [1]
 Contractor Type: For Profit
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)							

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

Name: Home Health Care Partners Corp
 Contractor Code: 52046
 E-Mail: [] No Yes
 MWBE: No Yes
 Rural Contractor: No Yes

III-B	III-C1	III-C2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
\$0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)	\$0 Services to be provided: 0 (Must be completed)	\$40,000 Services to be provided: 2 (Must be completed)							

Consultant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: Town of Lake Pleasant Contractor Code: 52024 E-Mail: MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Other Govt Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 0 Services to be provided: 0 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 1,144 Services to be provided: 1 (Must be completed)	TOTAL \$ 1,144 Services to be provided: 1 (Must be completed)
Name: Town of Long Lake Contractor Code: 52025 E-Mail: MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Other Govt Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 4,023 Services to be provided: 1 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 527 Services to be provided: 1 (Must be completed)	TOTAL \$ 4,550 Services to be provided: 2 (Must be completed)
Name: Town of Wells Contractor Code: 52047 E-Mail: MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Other Govt Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 0 Services to be provided: 0 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 800 Services to be provided: 1 (Must be completed)	TOTAL \$ 800 Services to be provided: 1 (Must be completed)
Name: Tri County United Way Contractor Code: 52058 E-Mail: MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Not For Profit Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 5,000 Services to be provided: 1 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 0 Services to be provided: 0 (Must be completed)	TOTAL \$ 5,000 Services to be provided: 1 (Must be completed)
Name: Warren County Public Health Contractor Code: 52009 E-Mail: jones@warrencounty.gov MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Other Govt Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 5,500 Services to be provided: 1 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 0 Services to be provided: 0 (Must be completed)	TOTAL \$ 5,500 Services to be provided: 1 (Must be completed)
Name: Warren County Veterans Services Contractor Code: 52081 E-Mail: MWBE: <input type="checkbox"/> No <input type="checkbox"/> Yes Rural Contractor: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Number of contracts, (State & Federal): <input type="checkbox"/> 1 Contractor Type: Other Govt Contract is: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Active: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes New: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes RD: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Consultant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	III-B \$ 0 Services to be provided: 0 (Must be completed)	III-C1 \$ 0 Services to be provided: 0 (Must be completed)	III-C2 \$ 0 Services to be provided: 0 (Must be completed)	III-D \$ 0 Services to be provided: 0 (Must be completed)	III-E \$ 0 Services to be provided: 0 (Must be completed)	EISEP \$ 0 Services to be provided: 0 (Must be completed)	CSE \$ 22,500 Services to be provided: 1 (Must be completed)	CSI \$ 0 Services to be provided: 0 (Must be completed)	WIN \$ 0 Services to be provided: 0 (Must be completed)	OTHER \$ 7,500 Services to be provided: 1 (Must be completed)	TOTAL \$ 30,000 Services to be provided: 2 (Must be completed)

E-Mail: dressad@warrencountyny.gov
 MWBE: No Yes
 Rural Contractor: No Yes
 Number of contracts, (State & Federal): 1
 Contractor Type: Other Govt
 Contract Is: No Yes
 Active: No Yes
 New: No Yes
 RD: No Yes
 Consultant: No Yes

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients? Yes No

\$2,000	\$115,426	\$187,950	\$0	\$56,300	\$425,458	\$95,143	\$0	\$201,110	\$160,245	\$1,246,632
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Other Funding Source Codes

1) Title III-D	2) CSI	3) Unmet Need	4) HICAP	5) MIPPA
6) Transportation	7) NY Contracts E & E	8) ADCSI	9) Contracts	10) County Funds
#(Other Source Desc, current row + 10) #ProgramName#				

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52002	New Contract <input type="checkbox"/> Existing Contract <input checked="" type="checkbox"/>
Number of contracts with this entity:	AAA Contract Person: Deanna Park
Name of AAA: Warren/Hamilton Counties Office for the Aging - 52	Date: 02/04/2025
Contractor Name: Glens Falls Association for the Blind, Inc.	Employer ID: 14-1344811
Services to be Provided: Assisted Transportation	Contract Total: \$2,000.00
Contract Period: 01/01/2024 - 12/31/2024	

Section 2

Contractor Contract Information	
Business Address: 144 Ridge Street	
City: Glens Falls	State: NY Zip: 12801
Mailing Address: 144 Ridge Street	
City: Glens Falls	State: NY Zip: 12801
Attention: Philip Jensen	Phone #: 792-5421 Fax #:

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation:

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?

If no, please provide an explanation:

This contract is consistent with the objective of serving the needs of older individuals?

If no, please provide an explanation:

This contract contains appropriate targeting and language accessibility provisions?

If no, please provide an explanation:

AAA has retained "program design authority"?

If no, please provide an explanation:

Yes [X]	No []
Yes [X]	No []
Yes [X]	No []
Yes [X]	No []
Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by:

Date Reviewed:

Title:

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52002 Number of contracts with this entity:	New Contract [] Existing Contract [X] AAA Contract Person: Deanna Park
Name of AAA: Warren/Hamilton Counties Office for the Aging - 52	Date: 02/04/2025
Contractor Name: Glens Falls Association for the Blind, Inc.	Employer ID: 14-1344811
Services to be Provided: I & A, In-Home, Senior Recreation & Education	Contract Total: \$7,650.00
Contract Period: 04/01/2024 - 03/31/2025	

Section 2

Contractor Contract Information	
Business Address: 144 Ridge Street	
City: Glens Falls	State: NY Zip: 12801
Mailing Address: 144 Ridge Street	
City: Glens Falls	State: NY Zip: 12801
Attention: Philip Jensen	Phone #: 792-3421 Fax #

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

<p>Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:</p>	Yes [X] No []
<p>This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:</p>	Yes [X] No []
<p>This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:</p>	Yes [X] No []
<p>This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:</p>	Yes [X] No []
<p>AAA has retained "program design authority"? If no, please provide an explanation:</p>	Yes [X] No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of § NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by:

Date Reviewed:

Title:

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52003 Number of contracts with this entity: 1 Name of AAA: Weiland/Hamilton Counties Office for the Aging - 52 Contractor Name: Greater Adirondack Home Aides, Inc Services to be Provided: PC1, PC2, CD & CM Contract Period: 04/01/2024 - 03/31/2025	New Contract [<input type="checkbox"/>] Existing Contract [X] AAA Contract Person: Deanna Park Date: 02/04/2025 Employer ID: 14-1415172 Contract Total: \$225,000.00
---	--

Section 2

Contractor Contract Information Business Address: 25 Willowbrook Road, Suite 4 City: Queensbury State: NY Zip: 12804 Mailing Address: 25 Willowbrook Road, Suite 4 City: Queensbury State: NY Zip: 12804 Attention: Charles Nelson Phone #: 518-636-1504 Fax #

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation:

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [X]	No []
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [X]	No []
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [X]	No []
AAA has retained "program design authority" If no, please provide an explanation:	Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____

Date Reviewed: _____

Title: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-P1-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52003	New Contract [] Existing Contract [X]
Number of contracts with this entity:	AAA Contract Person:
Name of AAA:	Deanna Park
Wainwright/Hamilton Counties Office for the Aging - 52	Date:
Contractor Name:	02/04/2025
Greater Adirondack Home Aides, Inc	Employer ID:
Services to be Provided: Caregiver Respite	14-1481972
Contract Period:	Contract Total:
01/01/2024 - 12/31/2024	\$25,000.00

Section 2

Contractor Contract Information	
Business Address:	25 Willowbrook Road, Suite 4
City:	Queensbury State: NY Zip: 12804
Mailing Address:	25 Willowbrook Road, Suite 4
City:	Queensbury State: NY Zip: 12804
Attention:	Charles Nelson Phone #: 518-636-1504 Fax #:

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?

If no, please provide an explanation:

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?

If no, please provide an explanation:

This contract is consistent with the objective of serving the needs of older individuals?

If no, please provide an explanation:

This contract contains appropriate targeting and language accessibility provisions?

If no, please provide an explanation:

AAA has retained "program design authority"?

If no, please provide an explanation:

Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Daanna Park

Title: Director

Date: 11/4/2024

For Office Use Only:

Form reviewed by: _____

Title: _____

Date Reviewed: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52041 Number of contracts with this entity:	New Contract [] Existing Contract [X]
Name of AAA: Warren/Hamilton Counties Office for the Aging - 52	AAA Contract Person: Deanna Park
Contractor Name: Catherine Keating, Stauch, RD	Date: 02/04/2025
Services to be Provided: Nutritional Counseling, Nutritional Education, Program, Menu & Meal Site Review	Employer ID: 00-000000
Contract Period: 05/01/2024 - 04/30/2025	Contract Total: \$27,300.00

Section 2

Contractor Contract Information	
Business Address: 17 Castleberry Dr.	
City: Gansevoort	State: NY Zip: 12831
Mailing Address: 17 Castleberry Dr.	
City: Gansevoort	State: NY Zip: 12831
Attention: Catherine Keating	Phone #: 518-594-8958 Fax #

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation: _____

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?
 If no, please provide an explanation: _____

This contract is consistent with the objective of serving the needs of older individuals?
 If no, please provide an explanation: _____

This contract contains appropriate targeting and language accessibility provisions?
 If no, please provide an explanation: _____

AAA has retained "program design authority"?
 If no, please provide an explanation: _____

Yes [X] No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 1/14/2024

For Office Use Only:

Form reviewed by: _____

Date Reviewed: _____

Title: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52046	New Contract [<input type="checkbox"/>] Existing Contract [X]
Number of contracts with this entity:	AAA Contract Person:
Name of AAA: Warrent/Hamilton Counties Office for the Aging - 52	Deanna Park
Contractor Name: Home Health Care Partners Corp	Date: 02/04/2025
Services to be Provided: PC1 & PC2	Employer ID: 14-1738416
Contract Period: 04/01/2024 - 03/31/2025	Contract Total: \$40,000.00

Section 2

Contractor Contract Information	
Business Address: 2-8 W Main Street	
City: Johnstown State: NY Zip: 12095	
Mailing Address: 2-8 W Main Street	
City: Johnstown State: NY Zip: 12095	
Attention: Phone #: 518-542-6718 Fax #:	

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation:

	Yes [X]	No []
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [X]	No []
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [X]	No []
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [X]	No []
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of § NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____

Title: _____

Date Reviewed: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-P1-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52052	New Contract [<input type="checkbox"/>] Existing Contract [<input checked="" type="checkbox"/>]
Number of contracts with this entity:	AAA Contract Person:
Name of AAA:	Deanna Perk
Warren/Hamilton Counties Office for the Aging - 52	Date:
Contractor Name:	02/04/2025
Home Aide Services of the Central Adirondacks	Employer ID:
Services to be Provided: PC1 & PC2	22-2294958
Contract Period:	Contract Total:
04/01/2024 - 03/31/2025	\$40,000.00

Section 2

Contractor Contract Information	
Business Address:	114 South Shore Road
PO Box 25	
City:	Old Forge State: NY Zip: 13420
Mailing Address:	114 South Shore Road
PO Box 25	
City:	Old Forge State: NY Zip: 13420
Attention:	Jane Slack Phone #: 315-389-5183 Fax #

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?

If no, please provide an explanation:

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?

If no, please provide an explanation:

This contract is consistent with the objective of serving the needs of older individuals?

If no, please provide an explanation:

This contract contains appropriate labeling and language accessibility provisions?

If no, please provide an explanation:

AAA has retained "program design authority"?

If no, please provide an explanation:

Yes [X]	No []
Yes [X]	No []
Yes [X]	No []
Yes [X]	No []
Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of § NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____

Date Reviewed: _____

Title: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PT-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYS/GFA Contractor Code: 52053	New Contract <input type="checkbox"/> Existing Contract <input checked="" type="checkbox"/>
Number of contracts with this entity:	AAA Contract Person: Deanna Park
Name of AAA: Warrren/Hamilton Counties Office for the Aging -52	Date: 02/04/2025
Contractor Name: Fort Hudson Health System	Employer ID: 28-4615853
Services to be Provided: SADC	Contract Total: \$40,000.00
Contract Period: 04/01/2024 - 03/31/2025	

Section 2

Contractor Contract Information	
Business Address: 319 Upper Broadway	
City: Fort Edward State: NY Zip: 12828	
Mailing Address: 319 Upper Broadway	
City: Fort Edward State: NY Zip: 12828	
Attention: Andrew Crisshank Phone #: 518-747-2811 Fax #	

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area? If no, please provide an explanation:	Yes [X]	No []
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA? If no, please provide an explanation:	Yes [X]	No []
This contract is consistent with the objective of serving the needs of older individuals? If no, please provide an explanation:	Yes [X]	No []
This contract contains appropriate targeting and language accessibility provisions? If no, please provide an explanation:	Yes [X]	No []
AAA has retained "program design authority"? If no, please provide an explanation:	Yes [X]	No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6552.10 and Section 212 of the Older Americans Act.

Name: Deanna Paik Title: Director Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____ Title: _____
Date Reviewed: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-FI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52056	New Contract [<input type="checkbox"/>] Existing Contract [X]
Number of contracts with this entity:	AAA Contract Person:
Name of AAA:	Deanna Park
Health/Habitat Counties Office for the Aging - 52	Date: 02/04/2025
Contractor Name:	Employer ID:
Adonoxac Community Action Programs, Inc.	14-184416
Services to be Provided: HDM	Contract Total:
Contract Period:	\$5,519.00
04/01/2024 - 03/31/2025	

Section 2

Contractor Contract Information	
Business Address: PO Box 848	
City: Elizabethtown State: NY Zip: 12932	
Mailing Address: PO Box 848	
City: Elizabethtown State: NY Zip: 12932	
Attention: Alyn Jones Phone #: 518-873-3207 Fax #:	

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?

If no, please provide an explanation:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please provide an explanation:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
This contract is consistent with the objective of serving the needs of older individuals?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please provide an explanation:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
This contract contains appropriate targeting and language accessibility provisions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please provide an explanation:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
AAA has retained "program design authority"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, please provide an explanation:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Section 4

Certification

By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park

Title: Director

Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____

Date Reviewed: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-P1-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52057 Number of contracts with this entity:	New Contract [<input type="checkbox"/>] Existing Contract [X]
Name of AAA: Waverell/Hamilton Counties Office for the Aging - 52	AAA Contract Person: Deanna Park
Contractor Name: American Medical Alert Corp	Date: 02/04/2025
Services to be Provided: PERS	Employee ID: 11-2571221
Contract Period: 04/01/2024 - 03/31/2025	Contract Total: \$15,000.00

Section 2

Contractor Contract Information Business Address: 30-30 47th Ave, Suite 620 City: Long Island City State: NY Zip: 11101 Mailing Address: 30-30 47th Ave, Suite 620 City: Long Island City State: NY Zip: 11101 Attention: Richard Brooks Phone #: 1-866-283-7122 Fax #: 1-800-363-0105

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rates for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation:

Yes [X] No []

Yes [X] No []

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?
 If no, please provide an explanation:

Yes [X] No []

Yes [X] No []

This contract is consistent with the objective of serving the needs of older individuals?
 If no, please provide an explanation:

Yes [X] No []

Yes [X] No []

This contract contains appropriate targeting and language accessibility provisions?
 If no, please provide an explanation:

Yes [X] No []

Yes [X] No []

AAA has retained "program design authority"?
 If no, please provide an explanation:

Yes [X] No []

Yes [X] No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park Title: Director Date: 11/14/2024

For Office Use Only:
 Form reviewed by: _____ Title: _____
 Date Reviewed: _____

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Instructions

This form must be completed for all new contracts, renewals of existing contracts and successor contracts with for-profit entities. Please see 16-PI-22 and the Guide for Completion for further instructions with regard to completing this form.

Section 1

NYSOFA Contractor Code: 52059	New Contract [<input type="checkbox"/>] Existing Contract [X]
Number of contracts with this entity:	AAA Contract Person: Deanna Park
Name of AAA: Western/Hamilton Counties Office for the Aging - 52	Date: 02/04/2025
Contractor Name: Purr Foods Holding (Mom's Meats)	Employer ID: 417286239
Services to be Provided: <input type="checkbox"/> HDM	Contract Total: \$5,000.00
Contract Period: 08/24/2023 - 08/23/2024	

Section 2

Contractor Contract Information	
Business Address: 3210 SE Corporate Woods Drive	
City: Ankeny	State: IA Zip: 50021
Mailing Address: 3210 SE Corporate Woods Drive	
City: Ankeny	State: IA Zip: 50021
Attention:	Phone #: 4-877-508-6667 Fax #

CERTIFICATION FORM - AAA CONTRACT/AGREEMENT WITH FOR-PROFIT ENTITY

Section 3

Rules for contracted services will be provided at the "prevailing market rate" (Fair Market Rate) for provision of such services in the relevant AAA geographic area?
 If no, please provide an explanation:

This contract will continue the same level or increase the level of quality/quantity of services offered by the AAA?
 If no, please provide an explanation:

This contract is consistent with the objective of serving the needs of older individuals?
 If no, please provide an explanation:

This contract contains appropriate targeting and language accessibility provisions?
 If no, please provide an explanation:

AAA has retained "program design authority"?
 If no, please provide an explanation:

Yes [X] No []
 Yes [X] No []

Section 4

Certification

[X] By checking this box, the AAA certifies that this contract with a for-profit entity complies with the requirements of 9 NYCRR 6652.10 and Section 212 of the Older Americans Act.

Name: Deanna Park Title: Director Date: 11/14/2024

For Office Use Only:

Form reviewed by: _____ Title: _____

Date Reviewed: _____



This data has been locked.

AAA: Warren/Hamilton Counties Office for the Aging - 52
Original Date Submitted: 02/07/2025
Date Revised:
Date Last Saved: 02/04/2025 | Last Saved By: Deanna Park

ATTACHMENT CHECK LIST

Check [✓] attachments included with this Plan.

Forms are provided for Attachments B, C, D, E, and F

Note: Letters of comment received on the expected impact of (and agency relationships under) CSE Projects and EISEP from local Departments of Social Services, Health, Mental Health and any other county and City of New York agencies and CASA-type agencies, must be maintained on file locally for State Office review.

ATTACHMENT A: Standard Assurances - The AAA Director has reviewed the Standard Assurances.

Note: The general certification and approval for the Standard Assurances is included on the **PLAN REVIEW AND APPROVAL** page.

ATTACHMENT B: Priority Services Expenditure Report

This report **must** be completed and returned by **each** AAA.

ATTACHMENT C: Summary of **major changes** and/or justification for **new direct services**

This report **must** be completed and returned by **each** AAA.

ATTACHMENT D: Justification for excess Title III Carryover and Title III Transfers

ATTACHMENT E: Fringe Benefit Policy/Travel Reimbursement Policy
Adjustments to Personnel Roster/ Rent Allocation Schedule and Contractor Roster Explanation

ATTACHMENT F: Volunteers Used as Match

04/01/ 24 - 03/31/ 28

This data has been locked.

[Home](#)

[Logout](#)



This data has been locked.

AAA: Warren/Hamilton Counties Office for the Aging - 52
 Original Date Submitted: 02/07/2025
 Date Revised:
 Date Last Saved: 02/04/2025 | Last Saved By: Deanna Park

ATTACHMENT B

PRIORITY SERVICES EXPENDITURE REPORT

Instructions: Using actual expenditures for the period, October 1, 2022 - September 30, 2023, submit this completed and certified report with the 2024 - 28 Four Year Plan. Area Agencies may use their CAARS reports to assist with completing this page (click [here](#) (on electronic document); select beginning period October 1, 2022; select ending period of September 30, 2023).

Since AAA CAARS reports are completed on an accrual basis, they may not reflect the actual expenditures incurred during the most recent federal fiscal year. If the Attachment B expenditure report indicates that the AAA has not complied with the minimum required Priority Services percentages, the AAA should review their actual expenditures based on contractor claims or direct AAA costs associated with service category(ies) in order to complete the report below.

Column A: Include Title III-B expenditures (services dollars only - Federal, Non-Federal and Income) for:

Row 1. **Access:** transportation, outreach, information and assistance, case management

Row 2. **In-home:** personal care level I, personal care level II, home health aide, consumer directed in-home services, in-home contact & support, caregiver services

Row 3. **Legal:** legal advice & representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer where permitted by law, to older adults with economic or social needs. (Also see 94-PI-52, 12/29/94.)

Row 4. **All Other Services:** necessary to sum total services dollars expended.

Row 5. **Subtotal:** all services dollars expended.

Row 6. **Over Match:** must be removed from total.

Row 7. **Total:** [T] should indicate all Title III-B services dollars with required match only. Be sure to subtract any over match.

Column B: To calculate the percentage of each Priority Service in Column A, divide each Priority Service Expenditure, on Column A by the total [T] Expenditure in Column A, Line 7.

If the percentage in Column B meets the minimum required percentage **STOP do not continue.**

If it does not, then continue in Column C. Include only the required amount from CSE and/or WIN expenditures **required** to meet the Percentage in each of the Priority Services areas. (See instructions in Guide on how to calculate the minimum percentage amounts.)

Notes:

[S] Include WIN dollars for Access **only**.

[H] Include CSE dollars for Home Health Aide, In-Home Contact & Support and Caregiver Services **only**.

Column D: add Columns A and C for Lines 1, 2 & 3.

Column E: calculate the percentage of each Priority Service separately. For each priority service divide dollars for the combined III-B and CSE/WIN amounts (Column D) by the sum of the III-B total [T] in Column A, Line 7, plus the Priority Service's amount in Column C.

Category & Minimum Required Percentage	(A)	(B)	(C)	(D)	(E)
	III-B-Services Expenditures	Percent (A)/[T]	CSE (& WIN for Access)	Services Combined Total (A) + (C)	Percent (D)/{[T]+(C)}
1. Access 20.0%	134031.00	49.91	0.00 [S]	134031	49.91
2. In-Home 2.5%	0.00	0	3362.00 [H]	3362	1.24
3. Legal 7.0%	0.00	0	17951.00	17951	6.27
4. All Other Services	134498.00				
5. Subtotal	268529				
6. Over Match (-)	0.00				
7. Total	268529 [T]				

If for one or more of the Priority Services categories the amount specified in Column E is less than the Minimum Required Percentage, for each such category provide an explanation of the reason for the shortfall in expenditures and describe the strategies and steps that the AAA is implementing to assure that it will satisfy the requirement for the forthcoming plan year.

Select a Category:	Enter new Category - 2 Categories currently entered
Name of Category:	
Explanation:	
Strategies/Steps:	
<input type="button" value="Reset All"/> <input type="button" value="Delete"/>	



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AAA: Warren/Hamilton Counties Office for the Aging - 52
Original Date Submitted: 02/07/2025
Date Revised:
Date Last Saved: 02/04/2025 | Last Saved By: Deanna Park

ATTACHMENT C

PROGRAM DESIGN MODIFICATIONS

All AAAs should carefully review this form and the *Guide for Completion*.

PURPOSE

All AAAs must complete Attachment C. Attachment C is intended for the AAA to alert and obtain approval from NYSOFA regarding: Major Changes; New Direct Services; New Activities; Plans for Multipurpose Senior Centers that are not included in the previous program period.

Every AAA must complete the Certification Section of Attachment C whether or not any changes are anticipated.

Please be advised that program design modifications identified in Attachment C must be approved by NYSOFA before any expenditures can be obligated for such plans.

DEFINITIONS

Program Design Modification: Refers to a Major Change, New Direct Service or New Activity.

Major Change(s): Refers to a proposed change(s) in program design for SFY 2024- 2025 from what NYSOFA has approved in the previous program period that will significantly impact older adults. It also refers to any planned change(s) for future periods that will have a significant impact on service delivery to older adults.

Significant Impact: The criteria for determining Significant Impact include:

1. The discontinuance of any service, or
2. Major changes in:
 - a. service location;
 - b. access to services;
 - c. service providers;
 - d. types of services being offered;
 - e. the manner in which services are provided;
 - f. service levels (changes of more than 20% in units or expenditures for any specific service); and
 - g. changes in administrative operations (e.g. a re-organization, a consolidation).

Please refer to the *Guide for Completion* and 22-PI-13 for examples of 'Major Changes' and situations which are exempt from inclusion in this attachment.

New Direct Service: Refers to any service that is currently provided by a contractor that the AAA is seeking to provide directly or a new service that the AAA is proposing to provide directly.

New Activity: Refers to: Any new service or program

PROGRAM DESIGN MODIFICATIONS

Enter Major Changes as described above

CERTIFICATION

One of the certifications below must be checked.

1) The AAA certifies that there are no planned program design modifications beyond those specified in this Attachment C that may occur during the 2024 - 2025 Program Year or a Future Program Year and that: If any change to its programs or services does occur during the 2024 - 2025 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year.

OR

2) The AAA certifies that it is not making any program design modifications in this Attachment C and that: If any change to its programs or services does occur during the 2024 - 25 Program Year or a future Program Year that causes or can be expected to cause a significant impact or major change in its programs or services, the Area Agency on Aging will notify the State Office for the Aging as soon as it becomes aware of such change and will submit an amended Attachment C for the then current Program Year.

ADVISORY COUNCIL REVIEW AND COMMENT

The AAA certifies that it has submitted the program design modifications contained in this Attachment C to its advisory council for review and comment as required under Title III, Part 45, Section 1321(e) of the Older Americans Act Regulations.

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AAA: Warren/Hamilton Counties Office for the Aging - 52
Original Date Submitted: 02/07/2025
Date Revised:
Date Last Saved: 02/04/2025 | Last Saved By: Deanna Park

ATTACHMENT D

Justification for Title III Carryovers and Title III Transfers

Transfers: Provide justification for any transfer of funds within and among Title III programs. Transfers are limited to no more than 30% between Titles III-B and III-C and no more than 40% between Titles III-C-1 and III-C-2. Transfers are not allowed for Titles III-D or III-E.

N/A

Carryovers: (Reference 88-P1-17, 3/24/88)

Titles III-B, III-C and Title III-E: Provide justification for carryover amounts in excess of 7.5%.

N/A

Title III-D: Provide justification for carryover amounts in excess of 25%.

N/A

Targeting: In accordance with NYCRR §6654.3 (a)(22)(b) and 12-P1-08, describe how carryover funds will be used in provision of services or outreach designed to reach target populations. Examples of use of funds to reach target populations might include:

- translation of informational materials for persons with limited English proficiency
- development of Braille and audio materials for persons who are visually impaired
- creation of or new implementation of programming in an effort to reduce health disparities
- new transportation services to reach rural residents

N/A

Where the AAA will not use carryover funds for additional or expanded targeting efforts, and the AAA targeting goals have not been met, please provide a justification including a description of the specific activities implemented by the AAA to meet targeting goals and outcomes.

N/A

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AAA: Warren/Hamilton Counties Office for the Aging - 52
Original Date Submitted: 02/07/2025
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ATTACHMENT E

Fringe Benefits, Travel Reimbursement, Schedule Adjustment and Contractor Explanation

Fringe Benefits Policy: A complete copy of the AAA's (or sponsor's) Fringe Benefit Policy must be submitted with the Four Year Plan. Include below the current fringe benefit rate for employees. Describe any changes from the 2020-24 Four Year Plan submitted with the 2024 Fringe Benefit Policy. If the composite fringe benefit percentage for an individual program exceeds the average fringe benefit percentage below- by more than 15% +/- the reason for the deviation(s) must be explained below.

2024 - 28 Fringe Benefit Rate: 46.00 %

Travel Reimbursement Policy: A complete copy of the AAA's (or sponsor's) Travel Reimbursement Policy must be submitted with the Four Year Plan. Describe below any changes from the 2020-24 Travel Reimbursement Policy submitted with the 2024 - 28 Four Year Plan.

N/A

Contractor Roster Explanation: Explain AAA plan for determining a contractor for service provision for any entries in the Contractor Roster which are to be determined. Include information on process and timeframe.

N/A

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AAA: Warren/Hamilton Counties Office for the Aging - 52
 Original Date Submitted: 02/07/2025
 Date Revised:
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ATTACHMENT F

Volunteers Used as Match Schedule

Select a Volunteer:		Enter New Volunteer - 1 volunteer(s) currently entered 
Volunteer Title:		
Service(s) Provided:		
Total Estimated Number of Volunteers:	0	
Total Estimated Hours of Services:	0	
Hourly Rate:	0	
Total(s):	0	<input style="width: 150px;" type="text"/>
1. Title III-B Services	0	
2. Title III-C1 Services	0	
3. Title III-C2 Services	0	
4. Title III-D Services	0	
5. Title III-F Services	0	
6. EISFP Services	0	
7. CSE Services	0	
8. CSI Services	0	
9. Volunteer Services Not Used as Match:	0	
Subtotal of 1 - 9:	0	<input style="width: 150px;" type="text"/>
<input type="button" value="Reset All"/>		<input type="button" value="Delete Volunteer"/>

(a) The 'Total' amount (Number of hours times Hourly Rate) will be rounded to a whole dollar amount. The whole dollar amount should then be allocated to the individual funding streams. Do not use cents in any column other than the Hourly Rate.

(b) The 'Grand Total' for each program must be included on the Personnel Roster on the 'Volunteers Used as Match' line and on the Supporting Budget page, 'Matching funds' section, 'Volunteers Used as Match' line for each affected budget. These values will be automatically carried over to the appropriate pages in the web-based version. The 'Volunteer Services Not Used as Match' will NOT be included or appear in any other section of this document.

Additional instructions for completing Attachment F are included in the Guide for Completion.

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RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: February 14, 2025

- (a) Purpose of Contract Change: **Increase hourly rate from \$28/hour to \$30/hour.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **62 of 2019; 121 of 2019; 536 of 2021; 64 of 2023**
- (c) Name of Contractor: **Greater Adirondack Home Aides**
- (d) Address of Contractor: **25 Willowbrook, Suite 4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Charles Nelsen, PH#(518)926-7070, nelsen@ADKHA.ORG**
- (f) Commencement Date of Extension: **4/1/25**
- (g) Termination Date of Extension: **3/31/26, with option to renew annually if not changes to contract.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$30/hr for PC1 and PC2; \$3,100/month for Case Management**
 - iii) total amount not to exceed **\$225,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (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

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: OFA

DATE: February 14, 2025

- (a) Purpose of Contract Change: **Increase hourly rate from \$28/hour to \$30/hour.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **64 of 2019; 537 of 2021; 625 of 2022; 65 of 2023; 564 of 2023**
- (c) Name of Contractor: **Greater Adirondack Home Aides**
- (d) Address of Contractor: **25 Willowbrook, Suite 4, Queensbury, NY 12804**
- (e) Contractor's Contact Person and Telephone Number: **Charles Nelsen, PH#(518)926-7070, nelsen@ADKHA.ORG**
- (f) Commencement Date of Extension: **1/1/25**
- (g) Termination Date of Extension: **12/31/25, with option to renew annually if not changes to contract.**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount **\$30/hr for PC1 and PC2**
 - iii) total amount not to exceed **\$35,000**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Monthly**)
- (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

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office for the Aging

DATE: 02/14/2025

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: MOU with Warren/Washington RSVP (Tri County United Way) to collaborate on volunteer recruitment for HDM (home delivered meals) program.

- (c) Name of Contractor: Warren/Washington RSVP

- (d) Address of Contractor: 543 Glen Street, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Julie Legare, PH#(518)743-9158, transportation@warrenwashingtonrsvp.org

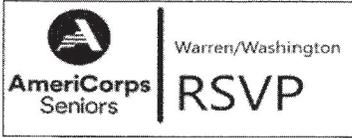
- (f) Has or will the Contract be provided, if so, please attach: Provided to County Attorney's Office

- (g) Commencement Date of Contract: TBD

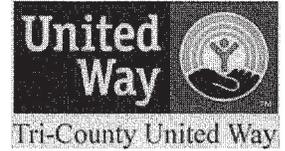
- (h) Termination Date of Contract: TBD (two years)

- (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. N/A

- (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



Warren/Washington RSVP
543 Glen Street
Glens Falls, NY 12801
518-743-9158



Community Partner: Warren/Hamilton Counties Office for the Aging
Community Partner Executive Director: Deanna Park
Street Address: 1340 State Route 9
City: Lake George State: N Y Zip: 12845
Mailing Address: (if different)
City: State: Zip:
Phone: (518) 761-6347 E-Mail: parkd@warrencountyny.gov

This Memorandum of Understanding (MOU) contains basic provisions which will guide the working relationship between both parties. This MOU may be amended, in writing, at any time with concurrence of both parties. The MOU will be renewed every two years, not to exceed three years.

Period Covered: to

BASIC PROVISIONS OF MOU

I. Warren/Washington RSVP Responsibilities:

- A. Recruit, interview and enroll RSVP volunteers and refer volunteers to the Community Partner.
B. Instruct RSVP volunteers in proper use of monthly reports, reimbursement guidelines and program procedures.
C. Provide the volunteer with an overview of the volunteer position, the Community Partner and its staff.
D. Provide RSVP orientation to Community Partner staff prior to placement of volunteers, and at other times, as the need arises.
E. Develop publicity for RSVP such as radio, TV, print or verbal presentations highlighting volunteers' service, accomplishments, and impact on the community.
F. Furnish excess accident, excess volunteer liability, and excess automobile liability insurance coverage. Insurance is secondary coverage and is not primary insurance.
G. Periodically an RSVP representative will schedule a site visit to discuss volunteer activities and any concerns the Community Partner may have.
H. Reimburse RSVP volunteers for transportation costs between their home and Community Partner in accordance with RSVP policies and availability of funds, if applicable.
I. Annually assess volunteer placements to ensure the safety of volunteers as follows:
A yearly emailed assurance of safety from each Community Partner covered by this

II. **Community Partner Responsibilities:**

- A. Implement orientation, in-service instruction, or special training of volunteers.
- B. Interview and make final decision on assignment of volunteers.
- C. Perform, if required for a particular assignment, background or other screenings.
- D. Furnish volunteers with materials required for assignment, as appropriate.
- E. Provide supervision of volunteers on assignments.
- F. Provide descriptions for each volunteer opportunity assignment.
- G. Provide the volunteers an adequate safe, clean and risk free environment to work and submit an annual assurance of safety upon request by RSVP.
- H. Reports: The Community Partner Representative shall:

Timesheets: Report Volunteer hours on a monthly basis on or before the 5th of the following month. (Insurance coverage is only effective with verified records of hours served.)

Progress Reports: Completed a short bi-annual survey provided by RSVP documenting the impacts of services provided by volunteers.

In-Kind Documentation: Provide documentation of in-kind contribution (s) (meals, uniforms, mileage reimbursement, training expenses) and verification.

I. Investigate and report any accidents and injuries involving RSVP volunteers immediately to the RSVP office. All reports will be submitted in writing.

J. Separation from Volunteer Service: The Community Partner may request the removal of an RSVP volunteer at any time. The RSVP volunteer may withdraw from service at the Community Partner or from RSVP at any time. Discussion of individual separations will occur among RSVP Director, Community Partner designee and the volunteer to clarify the reasons, resolve conflicts, or take remedial action, including placement with another Community Partner.

K. Letters of Agreement: When in-home assignments of volunteers are made, a Letter of Agreement will be signed by the parties involved. The document will authorize volunteer service in the home and identify specific volunteer activities, periods, and conditions of service.

L. Prohibited Activities: The Community Partner will not request or assign RSVP volunteers to conduct or engage in religious, sectarian, or political activities including transporting voters to polls.

M. Displacement of Employees: The Community Partner will not assign RSVP volunteers to any assignment which would displace employed workers or impair existing contracts for services.

N. Accessibility and Reasonable Accommodation: The Community Partner will maintain the programs and activities to which RSVP volunteers are assigned accessible to persons with disabilities (including mobility, hearing, vision, mental, and cognitive impairments or addictions and diseases) and/or limited English language proficiency and provide reasonable accommodation to allow persons with disabilities to participate in programs and activities.

O. Prohibition of Discrimination: The Community Partner will not discriminate against RSVP volunteers or in the operation of its program on the basis of race; color; national origin; including limited English proficiency; sex; age; political affiliation; sexual orientation; religion; or on the basis of disability, if the volunteer is a qualified individual with a disability.

P. If meals are provided to volunteers, please complete this portion:

- A. _____ Contributed meals are FEDERALLY FUNDED under:
- B. Title III of the Older Americans Act INDIVIDUALS 60(+)
- _____ Other federal funding source

Contributed meals are NOT provided by federal funds. Meals will be provided to RSVP volunteers at a free or reduced price when hours of service have been or will be volunteered during that day.

UNDER 60 are \$7.00/meal

By signing this MOU, the Community Partner Executive Director certifies that the partner is a non-profit private organization, a proprietary health care agency, or a governmental agency.

Signature: _____ Date: _____

Name: Kevin Geraghty _____ Title: Chairperson, Warren County Board of Supervisors
(please print)

The Community Partner representative who will serve as liaison with RSVP and who will be responsible for:

- ◆ Volunteer supervision, orientation, evaluation
- ◆ Abiding by the terms of the MOU
- ◆ Statistical reports as appropriate to assist RSVP in assessing services
- ◆ Monthly Community Partner Volunteer Hours Report which must be signed and returned to RSVP by the 5th of each month

Name: Deanna Park _____ Title: Director _____
(please print)

Phone: (5 1 8) 7 6 1 - 6 3 4 7 _____ Email: parkd@warrencountyny.gov _____

Accepted by Warren/Washington RSVP

Signature: _____ Date: _____

RSVP Director