

HEALTH SERVICES COMMITTEE  
OFFICE FOR THE AGING

July 21, 2025

COMMITTEE MEMBERS: Strainer, Runyon, Gilligan, Bruno, Patchett, Wild, and Thomas  
*- Chair of the Board shall serve as an Ex-Officio member when needed in accordance with Section C (4) of the Rules of the Board*

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
  1. Request: Enter into contract with Fort Hudson Health Systems for EISEP (Expanded In-Home Services for the Elderly) services for amount not to exceed \$225,000/annually, PC1 rate of \$41/hour and PC2 rate of \$41/hour.  
Rationale: Supplement current services provided in Warren County. EISEP is 75% reimbursed by NYSOFA (New York State Office for the Aging) and the funding is in the budget.
  2. Request: Enter into contract with Fort Hudson Health Systems for Title IIIIE (Family Caregiver Program) respite services for an amount not to exceed \$35,000/annually, hourly rate of \$41.  
Rationale: Supplement current services provided in Warren County. Title IIIIE is 75% reimbursed by NYSOFA (New York State Office for the Aging) and the funding is in the budget.
  3. Request: Amend contract with Countryside Adult Home to increase the cost per meal to \$5.75 and increase the do not exceed amount to \$180,000.  
Rationale: A cost analysis was done to determine the current cost per meal based on increased costs for items and it was agreed that the price per meal should increase from \$5.50 to \$5.75.
- V. Discussion Items:
  - 1.
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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Attachments:

1. 03 New Contracts – Fort Hudson Health Systems under EISEP program
2. 03 New Contracts – Fort Hudson Health Systems under Title IIIIE program
3. 04 Amend Existing Contract – CSAH for Nutrition Program

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

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

**DEPARTMENT NAME: Office for the Aging**

**DATE: 06/27/2025**

- (a) Is this a Result of a Bid or Request for Proposal? No
  
- (b) Purpose of Contract: Provide personal care level 1 and personal care level 2 services under the EISEP program to residents of Warren County. PC1 rate of \$41/hour and PC2 rate of \$41/hour, with a not to exceed amount of \$225,000.
  
- (c) Name of Contractor: Fort Hudson Health System
  
- (d) Address of Contractor: 319 Broadway, Fort Edward, NY 12828
  
- (e) Contractor's Contact Person and Telephone Number: Andy Cruikshank, PH#(518)743-2811, acruikshank@forthudson.com
  
- (f) Has or will the Contract be provided, if so, please attach:
  
- (g) Commencement Date of Contract: TBD
  
- (h) Termination Date of Contract: 3/31/2026, with annual renews
  
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount \$41/hour for PC1 & PC2
  - 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
  
- (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: A.6772.470 - Warren County Contracts

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx**

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

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

**DEPARTMENT NAME: Office for the Aging**

**DATE: 06/27/2025**

- (a) Is this a Result of a Bid or Request for Proposal? No
  
- (b) Purpose of Contract: Provide respite services under the Title III E program to residents of Warren County. Rate of \$41/hour, with a not to exceed amount of \$35,000.
  
- (c) Name of Contractor: Fort Hudson Health System
  
- (d) Address of Contractor: 319 Broadway, Fort Edward, NY 12828
  
- (e) Contractor's Contact Person and Telephone Number: Andy Cruikshank, PH#(518)743-2811, acruikshank@forthudson.com
  
- (f) Has or will the Contract be provided, if so, please attach:
  
- (g) Commencement Date of Contract: TBD
  
- (h) Termination Date of Contract: 12/31/2025, with annual renews
  
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount \$41/hour for respite
  - 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
  
- (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: A.6772.470 - Warren County Contracts

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx**

## ***RESOLUTION REQUEST FORM NO. 4***

### ***Request for Extending, Rescinding or Amending Existing Contract***

**DEPARTMENT NAME: OFA**

**DATE: July 10, 2025**

- (a) Purpose of Contract Change: **Change cost per meal to \$5.75/meal, increase do not exceed amount to \$180,000.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **99 of 2012, 60 of 2019, 458 of 2022**
- (c) Name of Contractor: **Countryside Adult Home**
- (d) Address of Contractor: **353 Schroon River Road, Warrensburg, NY 12885**
- (e) Contractor's Contact Person and Telephone Number: **Amy McByrne, PH#(518)623-3451.**
- (f) Commencement Date of Extension: **7/1/2025**
- (g) Termination Date of Extension: **12/31/2025, with option to renew annually if no changes to contract.**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount **\$5.75/meal**
  - iii) total amount not to exceed **\$180,000**
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Quarterly**)
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.6772.470 Warren County Contracts**

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

\*as listed in budget and LOGOS