

WARREN-HAMILTON COUNTIES OFFICE FOR THE AGING  
1340 STATE ROUTE ♦ LAKE GEORGE, NY 12845  
PH#(518)761-6347 ♦ FAX#(518)761-6344

**HEALTH SERVICES COMMITTEE MEETING**  
**OFFICE FOR THE AGING AGENDA**  
**April 20, 2020**

Committee Members: Chairman Peter McDevitt, Douglas Beaty, Ronald Conover, Daniel Bruno, Edna Frasier, Brad Magowan and Susan Shepler

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
  1. **Request:** Permission to extend the Aging Services Assistant - TEMP position until May 1, 2020, at 20 hours/week, utilizing DSRIP funding (\$2,750.00) which is 100% funded.  
**Rationale:** This will allow us to continue to meet the needs of our clients (home delivered meals, client contacts, etc.) during COVID-19.
  2. **Request:** Permission to transfer \$2,750.00 from A.691.00 Deferred Revenues into A.6772.4300 DSRIP, to cover the above salary & fringe.  
**Rationale:** See above.
  3. **Request:** Permission to increase 4/1/2019-3/31/2020 EISEP contract with Hamilton County Public Health from \$35,000 to \$45,000 to cover additional services provided during that time period.  
**Rationale:** This will allow Hamilton County clients to continue to receive Personal Care services in the home (PC1 and PC2). Monies are in the budget due to other providers not utilizing all of their contract amounts.
  4. **Request:**  
**Rationale:**

Referral/pending items- None

- IV. Information for Discussion/Review
- V. Privilege of the floor to discuss any additional items to come before the Committee.
- VI. Motion to adjourn

# **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: 4/6/2020**

- (a) Purpose of Request: **Extend the Aging Services Assistant - TEMP position until May 1, 2020, at 20 hours/week, utilizing DSRIP funding (\$2,750.00) which is 100% funded.**
- (b) Details: **This will allow us to continue to meet the needs of our clients (home delivered meals, client contacts, etc.) during COVID-19.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **A.6772.4300 DSRIP**

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

\* as listed in budget and LOGOS

# **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: OFFICE FOR THE AGING**

**DATE: 04/20/2020**

(a) Purpose of Request:

**To appropriate \$2,750 in DSRIP funds from A.691.00, Deferred Revenues to various budget codes for use**

(b) Details:

**Appropriations to:**

**Budget Code A.6772.4300 130 - WHCOFA DSRIP Part Time Salaries - \$2,500**

**Budget Code A.6772.4330 830 - WHCOFA DSRIP FICA - \$175**

**Budget Code A.6772.4330 831 - WHCOFA DSRIP Medicare - \$75**

(c) Previous Resolution Number:

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

**A.691.00, Deferred Revenues**

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

\* as listed in budget and LOGOS

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

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

**DEPARTMENT NAME: OFA**

**DATE: April 6, 2020**

- (a) Purpose of Contract Change: **Increase contract with Hamilton County Public Nursing Services from \$35,000 to \$45,000 for EISEP services from 4/1/2019-3/31/2020 to cover additional services provided during that time period.**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **62 of 2019, 75 of 2018**
- (c) Name of Contractor: **Hamilton County Public Nursing Services**
- (d) Address of Contractor: **PO Box 205, Lake Pleasant, NY 12108**
- (e) Contractor's Contact Person and Telephone Number: **Erica Mahoney, PH#(518)648-648-6497**
- (f) Commencement Date of Extension: **4/1/19**
- (g) Termination Date of Extension: **3/31/2020, with no changes to future contracts**
- (h) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed **\$45,000**
  - 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.6771.470 Hamilton 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