Human Services Committee Meeting
Countryside Adult Home
April 21st 2026

COMMITTEE MEMBERS: Supervisors: DRISCOLL, Gilligan, Turner, Wild, Strainer, O'Neil and Goodspeed
Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the 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: Amend County Budget to increase expenses and revenue based on EQUAL Award in the Amount of $35,137; increasing A.6030 439 Misc. Expenses $1,000, A.6030 210 Furniture to $16,149.74, A.6030 260 Other Equipment $13,185.11 and A.630 410 Supplies $4,802.15

Rationale: The grant is awarded by Department of Health to enhance the quality of life of our residents.

V. Discussion Items:

1. Census
2. Overtime Report

VI. Referrals/Pending Items:

VII. Privilege of the floor and public comment

VIII. Motion to adjourn

Attachments:

1. Resolution Request No. 7
2. Census
3. Overtime Report

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

If this is the result of a grant award, also complete and submit Form No. 5 or 6

DEPARTMENT NAME: Countryside Adult Home

DATE: 4/21/2026

(a) Purpose of Amendment: **To increase expenses and revenue based on an anticipated EQUAL Award issued by New York State Dept. of Health**

(b) Appropriation Code, Object Code, Full Title and Amount: **A.6030 410 Supplies $4,802.15 A.6030.210 $16,149.74 A60.439 Misc. Expenses $1,000 A.6030 260 Other Equipment $13,185.11**

(c) Revenue Code (with title), and Amount:
A.6030 3635 State Revenue $35,137, the money is currently in A. 691.00

(d) **Deferred Revenue. The money was received as part of a grant to enhance the lives of our residents for the fiscal year of 2024-2025**

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

March 24, 2026

Sent via email:
Countryside Adult Home
353 Schroon River Road
Warrensburg, NY 12885
mcbyrnea@warrencountyny.gov

Re: 2025-2026 Enhancing the Quality of Adult Living (EQUAL) Award
Approved Spending Plan

Dear Administrator/Operator:

Congratulations. I am writing to inform you that the 2025-2026 Proposed Spending Plan for Countryside Adult Home **(750-N-006)** has been approved. Please review the attached, approved plan carefully and ensure that spending is in alignment with the Department approved plan.

Please remember that this funding is provided to enhance the quality of care and life experience for eligible residents. Funding CANNOT be used to supplant the obligations of the facility Operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation; nor can funding be used for costs associated with other legal or regulatory obligations. Further, the Department of Health ("Department") reserves the right to deny funding for any expenditure that does not support the health and well-being of community members (i.e., tobacco, alcohol, firearms, etc.).

For those facilities that are providing resident "stipends" or "clothing allowances", we encourage you to implement measures that will allow you to demonstrate appropriate use of funding in case of an audit. These expenses must be incurred upon receipt of funding.

Please note, an approved spending plan does not authorize facilities to move forward with projects that otherwise require Department approval. Upon receipt of an approved spending plan, facilities proposing to utilize funding for Capital Improvement projects that require Department approval have an additional sixty (60) days to submit a complete application, with a copy of the approved spending plan, through the New York State Electronic Certificate of Need (NYSE-CON). Funding cannot be used to support any part or portion of an application until formal Department approval to commence has been provided. Facilities must ensure compliance with all applicable State or Department issued guidance and secure all required approvals prior to utilizing funds, or such funds may be subject to recoupment.

Spending outside of an approved plan is not permitted. Should a change to the spending plan be needed, the facility must submit a Budget Modification Request using Attachment 2 to the Application Instructions, with documented resident consent, to ltcresidentialsupport.equal@health.ny.gov. Changes are subject to Department review and approval. A formal determination will be issued by the Department. No changes in spending

can be made outside Department approval. Such requests must be submitted within six (6) months of the original approved plan. Any request received beyond the six (6) months will be deemed untimely and not reviewed.

As a successful awardee, the facility is required to maintain a current Exhibit A: Payment and Expenditure Tracking Form, enclosed for convenience, with all relevant receipts on file and present such documentation to the Department upon request. No later than one year from the date the funds are received, facilities must submit Exhibits A and B: Equal Program Certification Page to the Department via email to ltcresidentialsupport.equal@health.ny.gov. The Department reserves the right to request additional documentation, including receipts. Please be reminded that all EQUAL-related expenditures must be consistent with the approved Spending Plan and documented accordingly. Upon review, any deficiencies in spending, including misappropriated and unspent funding, identified by the Department will require repayment from the facility.

Program questions must be submitted to ltcresidentialsupport.equal@health.ny.gov. Thank you for your cooperation.

Sincerely,

Director
Division of Residential Support

Enclosures

cc: K. Anderson
K. Walker
C. Cazer
RO PM
EQUAL File

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

December 18, 2025

Sent via email:
Countryside Adult Home
353 Schroon River Road
Warrensburg, New York 12885
CDRO
mcbyrnea@warrencountyny.gov

Re: 2025-2026 Enhancing the Quality of Adult Living (EQUAL) Intent to Award

Dear Administrator/Operator:

The New York State Department of Health ("Department") is pleased to notify you of the intent to award Countryside Adult Home in response to your 2025-2026 application. Please note, **this is not confirmation of an award.**

To receive your funding, you **must** review the anticipated award outlined below with your eligible residents to identify how to utilize the full award value. Then you must complete and submit a proposed spending plan using Attachment 1 of the Application Instructions which **must** include a completed Resident Council Representative Approval or, in the absence of a Resident Council, a Resident Petition in Support with a minimum of three (3) SSI/SSP/SN and/or Medicaid (with respect to residents of assisted living programs) recipient residents' approval to demonstrate that they were a part of the decision-making process and are in agreement with the proposed changes.

The anticipated award is as follows:

Capital Improvement Projects: $17,568.50
These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.

Local Assistance Projects: $17,568.50
These funds are used to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational, and other leisure events.

Failure to submit your complete, proposed Spending Plan by the designated deadline will result in forfeiture of your award.

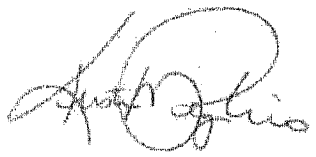
Your proposed spending plan must be sent to ltcresidentialsupport.equal@health.ny.gov by 5:00 p.m. on January 19, 2026. Please note, no alternative method of submission is accepted. Due to its time sensitivity, the Department will confirm receipt of the proposal within 24 hours of receipt; if you do not receive a confirmation of receipt, please resubmit. The Department is unable to issue due date reminders to facilities.

Should your proposed plan include disallowable expenses or otherwise require revisions, you will be afforded a **one-time** revision allowance. You will have fifteen (15) days from the date of notice by the Department to respond. Failure to submit an approvable plan within the deadline may result in a reduction to, or rescinding of, your award. All submissions must include the Resident Council Representative Approval or Resident Petition in Support.

The Department reserves the right to remove any disallowable expenses and reduce or rescind awards accordingly.

Questions must be submitted van email to ltcresidentialsupport.equal@health.ny.gov.

Sincerely,



Kristen M. Pergolino, Director
Division of Residential Support

cc: K. Anderson
K. Walker
Joseph Naglieri
EQUAL File

COUNTRYSIDE ADULT HOME
CENSUS REPORT
2026

MONTH	1ST DAY OF MONTH	ADMISSIONS	DISCHARGES	LAST DAY OF MONTH
JANUARY	32	0	1	31
FEBRUARY	31	1	0	32
MARCH	31	0	2	29
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Countryside Adult Home - Overtime Report - Comparison 2025/26

Week End	2025	2026	Reason
01/11/26	103.64	105.40	Holiday Snowstorm, Illness
01/25/26	104.04	87.48	Holiday Snowstorm
02/08/26	67.87	53.65	Snowstorms, Staff Mandatory Meeting
02/22/26	162.25	100.00	Holiday Snowstorms
03/08/26	39.69	43.76	Snowstorm, Facility Issue (Internest) Late Running Resident Appointments Staff on FMLA
03/22/26	125.86	23.77	Snowstorm, Late Running Resident Appointments Staff on FMLA
04/05/26	73.43	7.84	Late running activites
YTD	676.78	421.90	
	50.51		
	63.93		
	42.46		
	105.55		
	36.29		
	90.00		
	115.94		
	29.08		
	65.15		
	26.47		
	113.21		
	32.01		
	18.67		
	110.02		
	36.20		
	85.92		
	96.04		
	29.38		
	107.11		
	2607.50		