

**RESOLUTION NO. 304****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE HOME DELIVERED MEALS PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-C-2 Home Delivered Meals Program funding in the amount of \$192,831 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to provide home delivered meal services to seniors who are 60 years of age or older and living in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-C-2 Home Delivered Meals Program funding in the amount of \$192,831 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote - 8/12/19*



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR AGING  
162 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210  
ADMINISTRATION: (518) 447-7198  
GENERAL INFORMATION: (518) 447-7177  
FAX: (518) 447-7188  
[WWW.ALBANYCOUNTY.COM](http://WWW.ALBANYCOUNTY.COM)

DEBORAH C. RIITANO  
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the Health Insurance Information Counseling and Assistance Program (HIICAP) grant from the New York State Office for Aging. This grant funding provides assistance and guidance in understanding the benefits available under Health Insurance Plans for older adults 60 years and older and their caregivers residing in Albany County. HIICAP services also include health insurance counseling and information on individual needs on Medicare, EPIC plans, Medicare Supplement coverage and Long Term Care insurance and planning.

Grant Award Amount – \$33,284.00  
Grant Term – 4/1/2020 to 3/31/2021  
Funding Source – Federal - 100%  
Budget Amendment – No  
Revenue Account – A6772 . 04779

Respectfully Submitted,

Deborah C. Riitano  
Commissioner

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1794, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Authorization to accept grant funding from NYSOFA for the Health Insurance Information Counseling and Assistance Program (HIICAP).

Date: 7/23/2020  
Submitted By: Patrick Dillon  
Department: Aging  
Title: Contract Administrator  
Phone: 518 447 7733  
Department Rep.  
Attending Meeting: Deborah C. Riitano, Commissioner

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed)

**Contract Terms/Conditions:**

**Party (Name/address):**

New York State Office for Aging  
Two Empire State Plaza  
Albany, New York 12223-1251

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$33,284.00

Scope of Services: Provide comprehensive health insurance and Medicare education and counseling to older adults 60 years and older residing in Albany County.

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

**County Budget Accounts:**

Revenue Account and Line: AA6772 4779  
Revenue Amount: \$33,284.00

Appropriation Account and Line: AA6772 44046  
Appropriation Amount: \$33,284.00

**Source of Funding - (Percentages)**

Federal: 100%  
State: Click or tap here to enter text.  
County: Click or tap here to enter text.  
Local: Click or tap here to enter text.

**Term**

Term: (Start and end date) 4/1/2020 - 3/31/2021  
Length of Contract: 12 Months

**Impact on Pending Litigation**

If yes, explain: Yes  No   
Click or tap here to enter text.

**Previous requests for Identical or Similar Action:**

Resolution/Law Number: 311  
Date of Adoption: 8/12/2019

**Justification:** (state briefly why legislative action is requested)

To accept the Health Insurance Information Counseling and Assistance Program (HIICAP) grant from the New York State Office for Aging. This grant funding provides assistance and guidance in understanding the benefits available under Health Insurance Plans for older adults 60 years and older and their caregivers residing in Albany County. HIICAP services also include health insurance counseling and information on individual needs on Medicare, EPIC plans, Medicare Supplement coverage and Long Term Care insurance and planning.

New York State Office for the Aging  
 Health Insurance Information, Counseling and Assistance Program Date: 10.07.1  
**TENTATIVE ALLOCATION SCHEDULE - STATE FISCAL YEAR 2020-21**

<u>Area Agency</u>	<u>CMS Allocation</u>	<u>NYS Allocation</u>	<u>Total</u>
ALBANY	\$18,420	\$14,864	33,284
ALLEGANY	18,420	14,864	33,284
BROOME	18,420	14,864	33,284
CATTARAUGUS	18,420	14,864	33,284
CAYUGA	18,420	14,864	33,284
CHAUTAUQUA	18,420	14,864	33,284
CHEMUNG	18,420	14,864	33,284
CHENANGO	18,420	14,864	33,284
CLINTON	18,420	14,864	33,284
COLUMBIA	18,420	14,864	33,284
CORTLAND	18,420	14,864	33,284
DELAWARE	18,420	14,864	33,284
DUTCHESS	18,420	14,864	33,284
ERIE	45,814	15,674	61,488
ESSEX	18,420	14,864	33,284
FRANKLIN	18,420	14,864	33,284
FULTON	18,420	14,864	33,284
GENESEE	18,420	14,864	33,284
GREENE	18,420	14,864	33,284
HERKIMER	18,420	14,864	33,284
JEFFERSON	18,420	14,864	33,284
LEWIS	18,420	14,864	33,284
LIVINGSTON	18,420	14,864	33,284
MADISON	18,420	14,864	33,284
MONROE	28,286	14,864	43,150
MONTGOMERY	18,420	14,864	33,284
NASSAU	53,574	18,329	71,903
NIAGARA	18,420	14,864	33,284
ONEIDA	18,420	14,864	33,284
ONONDAGA	18,773	14,864	33,637
ONTARIO	18,420	14,864	33,284
ORANGE	18,420	14,864	33,284
ORLEANS	18,420	14,864	33,284
OSWEGO	18,420	14,864	33,284
OTSEGO	18,420	14,864	33,284
PUTNAM	18,420	14,864	33,284
RENSSELAER	18,420	14,864	33,284
ROCKLAND	18,420	14,864	33,284
ST. LAWRENCE	18,420	14,864	33,284
SARATOGA	18,420	14,864	33,284
SCHENECTADY	18,420	14,864	33,284
SCHOHARIE	18,420	14,864	33,284
SCHUYLER	18,420	14,864	33,284
SENECA	18,420	14,864	33,284
STEUBEN	18,420	14,864	33,284
SUFFOLK	48,918	16,736	65,654
SULLIVAN	18,420	14,864	33,284
TIOGA	18,420	14,864	33,284
TOMPKINS	18,420	14,864	33,284
ULSTER	18,420	14,864	33,284
WARREN/HAMILTON	36,840	14,864	51,704
WASHINGTON	18,420	14,864	33,284
WAYNE	18,420	14,864	33,284
WESTCHESTER	38,361	14,864	53,225
WYOMING	18,420	14,864	33,284
YATES	18,420	14,864	33,284
NYC	428,477	146,605	575,082
SENECA NATION	9,210	7,432	16,642
ST. REGIS	<u>9,210</u>	<u>7,432</u>	<u>16,642</u>
<b>TOTAL</b>	<b><u>\$1,620,043</u></b>	<b><u>\$1,000,000</u></b>	<b><u>\$2,620,043</u></b>

**RESOLUTION NO. 311****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling and Assistance Program in the amount of \$33,284 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding will be used to provide counseling to seniors about their Medicare options and assist them in making informed decisions when choosing a Medicare Part D program, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling and Assistance Program in the amount of \$33,284 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote – 8/12/19*



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR AGING  
162 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210  
ADMINISTRATION: (518) 447-7198  
GENERAL INFORMATION: (518) 447-7177  
FAX: (518) 447-7188  
[WWW.ALBANYCOUNTY.COM](http://WWW.ALBANYCOUNTY.COM)

DEBORAH C. RIITANO  
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the Title III-E Elder Caregiver Support Program grant from the New York State Office for Aging. This grant funding provides support and assistance for older adults and their caregivers in Albany County. Frail older adults receive about 80% of their care from family members and friends.

Grant Award Amount – \$316,743.92  
Grant Term – 1/1/2021 to 12/31/2021  
Funding Source – Federal - 75% County - 25%  
Budget Amendment – No  
Revenue Account – A6772 . 04777

During the past contract year the Albany County Department for Aging provided caregivers and care receivers 60 years of age or older with assistance through the III-E Caregiver Support Programs. The program assists caregivers (spouses, adult children, grandchildren, friends, and neighbors) in their efforts to care for older adults in their homes in the community. The goal is to provide caregivers support based on their circumstances and needs. The caregiver supportive services include; information and assistance, educational training programs, counseling, support groups, social and medical adult day programs, in home respite, personal emergency response (PERS) and assisted transportation.

Respectfully Submitted,

Deborah C. Riitano  
Commissioner

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel





Legislation Text

File #: TMP-1793, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Authorization to accept grant funding from NYSOFA for the III-E Elder Caregiver Support Program.

Date: 7/23/2020  
 Submitted By: Patrick Dillon  
 Department: Aging  
 Title: Contract Administrator  
 Phone: 518 447 7733  
 Department Rep.  
 Attending Meeting: Deborah C. Riitano, Commissioner

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

**Contract Terms/Conditions:**

**Party (Name/address):**

New York State Office for Aging  
Two Empire State Plaza  
Albany, New York 12223-1251

**Additional Parties (Names/addresses):**

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$316,743.92  
Scope of Services: Provision of caregiver services.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: AA6772 04777  
Revenue Amount: \$316,743.00

Appropriation Account and Line: AA6772 44046  
Appropriation Amount: \$395,929.90

Source of Funding - (Percentages)

Federal: 75%  
State: Click or tap here to enter text.  
County: 25%  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2021 - 12/31/2021  
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 306  
Date of Adoption: 8/12/2019

**Justification:** (state briefly why legislative action is requested)

To accept the Title III-E Elder Caregiver Support Program grant from the New York State Office for Aging. This grant funding provides support and assistance for older adults and their caregivers in Albany County. Frail older adults receive about 80% of their care from family members and friends.

During the past contract year the Albany County Department for Aging provided caregivers and care receivers 60 years of age or older with assistance through the III-E Caregiver Support Programs. The program assists caregivers (spouses, adult children, grandchildren, friends, and neighbors) in their efforts to care for older adults in their homes in the community. The goal is to provide caregivers support based on their circumstances and needs. The caregiver supportive services include; information and assistance, educational training programs, counseling, support groups, social and medical adult day programs, in home respite, personal emergency response (PERS) and assisted transportation.

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-E OF THE OLDER AMERICANS ACT  
NEW YORK ELDER CAREGIVERS SUPPORT PROGRAM

Name and Address of Area Agency:  Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee:  Albany County
---	---

Program Year - Beginning: 1/1/2020 Ending: 12/31/2020

Fiscal Year from which funds are awarded: 2020	Federal CFDA No. - 93.052	This award is New																																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Section I - Cost Categories</u></th> <th style="text-align: right;"><u>Amount</u></th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. &amp; Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">427,337.00</td></tr> <tr><td>Food</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$427,337.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">2,166.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">0.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$425,171.00</td></tr> </tbody> </table>	<u>Section I - Cost Categories</u>	<u>Amount</u>	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	427,337.00	Food	0.00	Approved Costs	\$427,337.00	Less:		Anticipated Income	2,166.00	NSIP	0.00	Net Cost	\$425,171.00	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;"><u>Section II - Grantee Budget - Federal and Matching Funds:</u></th> </tr> </thead> <tbody> <tr><td>1. Federal Share (see remark 1)</td><td style="text-align: right;">\$318,877.92</td></tr> <tr><td>2. Combined Matching Share</td><td></td></tr> <tr><td style="padding-left: 20px;">A. In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td style="padding-left: 20px;">B. Cash</td><td style="text-align: right;">106,293.08</td></tr> <tr><td style="padding-left: 20px;">C. Volunteer Match</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Net Cost</td><td style="text-align: right; border-top: 1px solid black;">\$425,171.00</td></tr> <tr><td colspan="2"> </td></tr> <tr> <th colspan="2" style="text-align: left;"><u>Section III - Federal Funds Ceiling:</u></th> </tr> <tr><td style="padding-left: 20px;">A. Carryover</td><td style="text-align: right;">\$164,118.92</td></tr> <tr><td style="padding-left: 20px;">B. Base Allocation</td><td style="text-align: right;">152,196.00</td></tr> <tr><td style="padding-left: 20px;">C. Reallocation</td><td style="text-align: right;">429.00</td></tr> <tr><td style="padding-left: 20px;">D. Supplement</td><td style="text-align: right;">0.00</td></tr> <tr><td style="padding-left: 20px;">E. Returned</td><td style="text-align: right;">0.00</td></tr> <tr><td>Federal Funds Ceiling (see remark 1)</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$316,743.92</td></tr> </tbody> </table>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>		1. Federal Share (see remark 1)	\$318,877.92	2. Combined Matching Share		A. In-Kind	0.00	B. Cash	106,293.08	C. Volunteer Match	0.00	3. Net Cost	\$425,171.00	 		<u>Section III - Federal Funds Ceiling:</u>		A. Carryover	\$164,118.92	B. Base Allocation	152,196.00	C. Reallocation	429.00	D. Supplement	0.00	E. Returned	0.00	Federal Funds Ceiling (see remark 1)	\$316,743.92
<u>Section I - Cost Categories</u>	<u>Amount</u>																																																										
Personnel	\$0.00																																																										
Fringe Benefits	0.00																																																										
Equipment	0.00																																																										
Travel	0.00																																																										
Maint. & Operations	0.00																																																										
Other Expenses	0.00																																																										
Subcontracts	427,337.00																																																										
Food	0.00																																																										
Approved Costs	\$427,337.00																																																										
Less:																																																											
Anticipated Income	2,166.00																																																										
NSIP	0.00																																																										
Net Cost	\$425,171.00																																																										
<u>Section II - Grantee Budget - Federal and Matching Funds:</u>																																																											
1. Federal Share (see remark 1)	\$318,877.92																																																										
2. Combined Matching Share																																																											
A. In-Kind	0.00																																																										
B. Cash	106,293.08																																																										
C. Volunteer Match	0.00																																																										
3. Net Cost	\$425,171.00																																																										
<u>Section III - Federal Funds Ceiling:</u>																																																											
A. Carryover	\$164,118.92																																																										
B. Base Allocation	152,196.00																																																										
C. Reallocation	429.00																																																										
D. Supplement	0.00																																																										
E. Returned	0.00																																																										
Federal Funds Ceiling (see remark 1)	\$316,743.92																																																										

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- 1. Federal reimbursement is limited to the lower of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.
- 3. The federal share will not exceed 75% of the cost of approved program activities.
- 4. Of the federal share and local matching funds for approved program activities, no more than 10% may be spent on Grandparent Caring for Children activities and no more than 20% may be spent on Supplemental Services.
- 5. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- 6. Other:

Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature:	Date:  July 8, 2020
---	------------	---------------------------

**RESOLUTION NO. 306****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE ELDER CAREGIVER SUPPORT PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-E Elder Caregiver Support Program funding in the amount of \$155,446 for the term commencing January 1, 2020 and ending December 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 25% County match, will be used to support and assist caregivers in their efforts to care for older adults in their homes in the community, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-E Elder Caregiver Support Program funding in the amount of \$155,446 for the term commencing January 1, 2020 and ending December 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote – 8/12/19*



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR AGING  
162 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210  
ADMINISTRATION: (518) 447-7198  
GENERAL INFORMATION: (518) 447-7177  
FAX: (518) 447-7188  
[WWW.ALBANYCOUNTY.COM](http://WWW.ALBANYCOUNTY.COM)

DEBORAH C. RIITANO  
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

To accept the Community Services for the Elderly (CSE) grant from New York State Office for Aging. This grant funding is used to support programs and services within Albany County that provide transportation for seniors and support social adult daycare programs. In the past contract year adults 60 years and older residing in Albany County received transportation services to and from medical appointments, pharmacies, congregate meal sites, and trips to the grocery store. This grant funding is also used to support the Home Delivered Meal Program.

Grant Award Amount – \$529,813.00  
Grant Term – 4/1/2020 – 3/31/2021  
Funding Source – 75% - State, 25% - County  
Budget Amendment – No  
Revenue Account – Aging -AA6772, 03782

Respectfully Submitted,

Deborah C. Riitano  
Commissioner

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1795, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Authorization to accept grant funding from NYSOFA for the Community Services for the Elderly Program (CSE).

Date: 7/23/2020  
 Submitted By: Patrick Dillon  
 Department: Aging  
 Title: Contract administrator  
 Phone: 518 447 7733  
 Department Rep.  
 Attending Meeting: Deborah C. Riitano, Commissioner

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance  
Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed)

**Contract Terms/Conditions:**

Party (Name/address):  
New York State Office for Aging  
Two Empire State Plaza  
Albany, New York 12223-1251

Additional Parties (Names/addresses):  
Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$529,813.00  
Scope of Services: Provide funding for the provision of transportation services and home delivered meals.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.



Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: AA6772 03782  
Revenue Amount: \$529,813.00

Appropriation Account and Line: AA6772 44046  
Appropriation Amount: \$662,266.25

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 75%  
County: 25%  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2020 - 3/31/2021  
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 308  
Date of Adoption: 8/12/2019

**Justification:** (state briefly why legislative action is requested)

To accept the Community Services for the Elderly (CSE) grant from New York State Office for Aging. This grant funding is used to support programs and services within Albany County that provide transportation for seniors and support social adult daycare programs. In the past contract year adults 60 years and older residing in Albany County received transportation services to and from medical appointments, pharmacies, congregate meal sites, and trips to the grocery store. This grant funding is also used to support the Home Delivered Meal Program.

NOTIFICATION OF GRANT AWARD  
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency:  Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee:  Albany County
---	---

Program Year - Beginning: 4/1/2020 Ending: 3/31/2021


Fiscal Year from which funds are awarded: 2020

This award is New

<u>Section I - Grantee Budget</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State and Matching Funds:</u>	
Personnel	\$52,982.00	1. State Share (see remark 1)	\$529,813.00
Fringe Benefits	0.00	2. Matching Share of Net Cost	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	158,944.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00		
Subcontracts	710,074.00	3. Net Cost	\$688,757.00
Food:	0.00		
Approved Costs	<u>\$763,056.00</u>	<u>Section III - State Funds Ceiling:</u>	
Less:		A. CSE Planning and Implementation	\$60,195.00
Anticipated Income	24,313.00	B. CSE Project - 75%	426,953.00
NSIP	49,986.00	C. CSE Supplemental Award	56,735.00
Net Cost	<u><u>\$688,757.00</u></u>	State Funds Ceiling (see remark 1)	<u>\$543,883.00</u>
		Maintenance of Effort 1985/86 Expenditure Level	\$341,650.64

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Update and Application for Funding, the conditions checked below apply to this award:

- 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.
- 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed.
- 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.
- 4. Other:

Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
---	--	-----------------------

**RESOLUTION NO. 308****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE COMMUNITY SERVICES FOR THE ELDERLY PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly program in the amount of \$529,813 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 25% County match, will be used to support programs and services that provide transportation for older adults living in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly program in the amount of \$529,813 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote – 8/12/19*



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR AGING  
162 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210  
ADMINISTRATION: (518) 447-7198  
GENERAL INFORMATION: (518) 447-7177  
FAX: (518) 447-7188  
[WWW.ALBANYCOUNTY.COM](http://WWW.ALBANYCOUNTY.COM)

DEBORAH C. RIITANO  
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;  
To accept the Congregate Services Initiative (CSI) grant from the New York State Office for Aging.  
This grant funding allows the ACDFa to provide beneficial congregate services initiatives for our older adults attending congregate meal sites in Albany County. The services provided respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services such as those provided under expanded non-medical in-home services and non-institutional respite service.

Grant funding is used to support a range of services supported by the CSI grant which include but are not limited to; information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for families. These service initiatives promote wellness and ensure that older adults do not face unnecessary isolation and deterioration.

Grant Award Amount – \$6,512.00  
Grant Term – 4/1/2020 – 3/31/2021  
Funding Source – 75% - State, 25% - County  
Budget Amendment – No  
Revenue Account – Aging -AA6772, 03785

Respectfully Submitted,

Deborah C. Riitano  
Commissioner

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1796, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Authorization to accept grant funding from NYSOFA for the Congregate Services Initiative (CSI).

Date: 7/24/2020  
Submitted By: Patrick Dillon  
Department: Aging  
Title: Contract Administrator  
Phone: 518 447 7733  
Department Rep.  
Attending Meeting: Deborah C. Riitano, Commissioner

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe
- Personnel
- Personnel Non-Individual

Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

**CONCERNING CONTRACT AUTHORIZATIONS**

**Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance  
Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed)

**Contract Terms/Conditions:**

Party (Name/address):  
New York State Office for Aging  
Two Empire State Plaza  
Albany, New York 12223-1251

Additional Parties (Names/addresses):  
Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$6,512.00  
Scope of Services: To provide enhanced funding to congregate meal providers that promote wellness and ensure that older adults do not face unnecessary isolation through programs and education.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

**CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No

Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: AA6772 03785  
Revenue Amount: \$6,512.00

Appropriation Account and Line: AA6772 44046  
Appropriation Amount: \$8,140.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 75%  
County: 25%  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2020 - 3/31/2021  
Length of Contract: 12 Months

Impact on Pending Litigation

If yes, explain: Yes  No   
Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 313  
Date of Adoption: 8/12/2019

**Justification:** (state briefly why legislative action is requested)

To accept the Congregate Services Initiative (CSI) grant from the New York State Office for Aging. This grant funding allows the AC DFA to provide beneficial congregate services initiatives for our older adults attending congregate meal sites in Albany County. The services provided respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services such as those provided under expanded non-medical in-home services and non-institutional respite service.

Grant funding is used to support a range of services supported by the CSI grant which include but are not limited to; information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for families. These service initiatives promote wellness and ensure that older adults do not face unnecessary isolation and deterioration.

NOTIFICATION OF GRANT AWARD UNDER THE CONGREGATE SERVICES INITIATIVE PROGRAM

Name and Address of Area Agency:  Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee:  Albany County
---	---

Program Year - Beginning: 4/1/2020 Ending: 3/31/2021


Fiscal Year from which funds are awarded: 2020

This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State and Matching Funds:</u>	
Personnel	\$0.00	1. State Share (see remark 1)	\$6,512.00
Fringe Benefits	0.00	2. Matching Share of Net Cost	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	2,188.00
Maint. & Operations	0.00	C. Volunteer Match	\$0.00
Other Expenses	0.00		<hr/>
Subcontracts	8,700.00	3. Net Cost	\$8,700.00
Approved Costs	\$8,700.00	<u>Section III - State Funds Ceiling:</u>	
Less:		A. Base Allocation	\$6,512.00
Anticipated Income	0.00	B. Supplement	\$0.00
Net Cost	<u>\$8,700.00</u>	State Funds Ceiling (see remark 1)	<hr/> \$6,512.00

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- (XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid and the local matching share of the costs has been contributed.
- (XX) 3. The Area Agency agrees that the Congregate Services Initiative Program will be administered in accordance with the program and fiscal data included in the Application for Funding and the Standard Assurances included in the Annual Implementation Plan.
- (XX) 4. The State share will not exceed 75% of the net allowable costs.
- (XX) 5. Area Agency administrative expenditures are limited to a maximum of 5% of the State Share and required local match.
- (XX) 6. State Funds for congregate services and the required local match must be used for allowable congregate service activities as described in 94-PI-35.

Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature:  	Date:  July, 8, 2020
---	--	----------------------------



**RESOLUTION NO. 313****AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE CONGREGATE SERVICES INITIATIVE PROGRAM**

Introduced: 8/12/19

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Congregate Services Initiative program in the amount of \$6,512 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 25% County match, will be used to provide enhanced funding to congregate meal providers in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Congregate Services Initiative program in the amount of \$6,512 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Attorney is authorized to approve said agreement as to form and content, and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote - 8/12/19*



DANIEL P. MCCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR AGING  
162 WASHINGTON AVENUE  
ALBANY, NEW YORK 12210  
ADMINISTRATION: (518) 447-7198  
GENERAL INFORMATION: (518) 447-7177  
FAX: (518) 447-7188  
[WWW.ALBANYCOUNTY.COM](http://WWW.ALBANYCOUNTY.COM)

DEBORAH C. RIITANO  
COMMISSIONER

July 28, 2020

Honorable Andrew Joyce, Chairman  
Albany County Legislature  
112 State Street, Room 710  
Albany, NY 12207

Dear Chairman Joyce:

The Department for Aging is requesting the Legislature's approval for the following;

The Albany County Department for Aging is seeking authorization to accept grant funding and enter into an MOU with the Department of Social Services for EISEP services. EISEP home care services are provided to eligible persons to allow them to remain in their own home, thus precluding or delaying more costly nursing home care.

The purpose of the EISEP program is to provide eligible seniors with assistance with activities of daily living so that they are able to stay at home and be independent as long as they desire to do so. EISEP services are non-medical in-home services meant to address the needs of seniors who are not eligible to receive support from Medicaid or other programs. For many, EISEP services supplement informal family caregiver efforts by providing needed supportive services that allow seniors to continue to live in the comfort of familiar surroundings in their own community. The non-medical in-home services include non-hands on care such as Light Housekeeping; Laundry; Meal Preparation; Escort Assistance; Errands and Shopping, and hands on personal care including Bathing; Grooming; Dressing; Toileting; Transferring and Ambulation; Feeding; Self-Administration of Medication. Last year the Albany County EISEP program provided in-home care and case management to 1084 older adults.

Grant funding shall be spent on direct care for seniors: in-home supportive non-medical services will be provided to Albany County residents.

The Albany County Department for Aging will work in coordination with the Department of Social Services to provide:

- An initial screening of individuals eligible for the EISEP program
- An in-home assessment
- Case management
- Individualized care plan development

- The arrangement and coordination of in-home services
- Ongoing client monitoring and follow up

Case management services and assessments will be provided by Department of Social Services staff.

Grant Award Amount – \$824,665.00

Grant Term – 4/1/2020 – 3/31/2021

Funding Source – 60% - State, 40% - County

Budget Amendment – No

Revenue Account – Aging -AA6772, 03781

Respectfully Submitted,

Deborah C. Riitano

Commissioner

cc: Hon. Dennis Feeney, Majority Leader  
Hon. Frank Mauriello, Minority Leader  
Rebekah Kennedy, Majority Counsel  
Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-1797, Version: 1

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

Authorization to accept grant funding from NYSOFA and approve a Memorandum Of Understanding between Albany County Department of Aging and the Department of Social Services to provide Expanded In-Home Services for the Elderly Program (EISEP) Services

Date: 7/24/2020  
 Submitted By: Patrick Dillon  
 Department: Aging  
 Title: Contract Administrator  
 Phone: 518 447 7733  
 Department Rep.  
 Attending Meeting: Deborah C. Riitano, Commissioner

**Purpose of Request:**

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- Contractual
- Equipment
- Fringe

- Personnel
- Personnel Non-Individual
- Revenue

Increase Account/Line No.: Click or tap here to enter text.  
Source of Funds: Click or tap here to enter text.  
Title Change: Click or tap here to enter text.

### **CONCERNING CONTRACT AUTHORIZATIONS**

#### **Type of Contract:**

- Change Order/Contract Amendment
- Purchase (Equipment/Supplies)
- Lease (Equipment/Supplies)
- Requirements
- Professional Services
- Education/Training
- Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

- Settlement of a Claim
- Release of Liability
- Other: (state if not listed) Click or tap here to enter text.

#### **Contract Terms/Conditions:**

##### Party (Name/address):

New York State Office for Aging  
Two Empire State Plaza  
Albany, New York 12223-1251

##### Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$824,665.00

Scope of Services: Requesting authorization for The Department for Aging and the Department of Social Services to enter into a Memorandum of Understanding for the provision of Expanded In-Home Services for the Elderly Program (EISEP). The EISEP program provides assessments, case management, and non-medical home care services for eligible older adults residing in Albany County. The EISEP program has proven to delay and sometime prevent the need for costly nursing home care.

Bond Res. No.: Click or tap here to enter text.  
Date of Adoption: Click or tap here to enter text.

### **CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes  No   
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes  No   
Anticipated in Current Budget: Yes  No

County Budget Accounts:

Revenue Account and Line: AA6772 03781  
Revenue Amount: \$824,665.00

Appropriation Account and Line: AA6772 44425  
Appropriation Amount: \$1,370,000.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.  
State: 60%  
County: 40%  
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2020 - 3/31/2021  
Length of Contract: 12 Months

Impact on Pending Litigation

Yes  No   
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 307  
Date of Adoption: 8/12/2019

**Justification:** (state briefly why legislative action is requested)

Click or tap here to enter text.

The Albany County Department for Aging is seeking authorization to accept grant funding and enter into an MOU with the Department of Social Services for EISEP services. EISEP home care services are provided to eligible persons to allow them to remain in their own home, thus precluding or delaying more costly nursing home care.

The purpose of the EISEP program is to provide eligible seniors with assistance with activities of daily living so that they are able to stay at home and be independent as long as they desire to do so. EISEP services are non-medical in-home services meant to address the needs of seniors who are not eligible to receive support from Medicaid or other programs. For many, EISEP services supplement informal family caregiver efforts by providing needed supportive services that allow seniors to continue to live in the comfort of familiar surroundings in their own community. The non-medical in-home services include non-hands on care such as Light Housekeeping; Laundry; Meal Preparation; Escort Assistance; Errands and Shopping, and hands on personal care including Bathing; Grooming; Dressing; Toileting; Transferring and Ambulation; Feeding; Self-Administration of Medication. Last year the Albany County EISEP program provided in-home care and case management to 1084 older adults.

Grant funding shall be spent on direct care for seniors: in-home supportive non-medical services will be provided to Albany County residents.

The Albany County Department for Aging will work in coordination with the Department of Social Services to provide:

- An initial screening of individuals eligible for the EISEP program
- An in-home assessment
- Case management
- Individualized care plan development
- The arrangement and coordination of in-home services
- Ongoing client monitoring and follow up

Case management services and assessments will be provided by Department of Social Services staff.

NOTIFICATION OF GRANT AWARD - EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County
---	---

Program Year - Beginning: 4/1/2020 Ending: 3/31/2021

Fiscal Year from which funds are awarded: 2020 This award is New

<u>Section I - Grantee Budget</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State and Matching Funds:</u>	
Personnel	\$41,644.00	1. State Share (see remark 1)	\$824,665.00
Fringe Benefits	0.00	2. Matching Share of Net Cost	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	870,999.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$1,695,664.00
Subcontracts	1,693,020.00	<u>Section III - State Funds Ceiling:</u>	
Food	0.00	A. EISEP Planning and Implementation	\$60,195.00
Approved Costs	\$1,734,664.00	B. EISEP Services Allocation - 75% State	764,470.00
Less:		C. EISEP Supplemental Award	0.00
Anticipated Income	39,000.00	D. EISEP Reallocation	0.00
NSIP	0.00	State Funds Ceiling (see remark 1)	\$824,665.00
Net Cost	\$1,695,664.00		

Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- (XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice. 75% funding must be expended first.
- (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed.
- (XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.
- ( ) 4. Other:

Name and Title of Authorizing Official:  Karen Jackuback Deputy Director	Signature: 	Date: July 8, 2020
---	----------------	-----------------------