AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE EXPANDED IN-HOME 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 Expanded In-Home Services for the Elderly Program (EISEP) in the amount of \$824,665 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding, which requires a 51% County match, will be used by the Department for Aging in conjunction with the Albany County Department of Social Services to provide assessments, case management, and non-medical home care services for older adults in Albany County who are eligible for EISEP services, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services to provide EISEP case management services and assessments, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized enter into an agreement with the New York State Office for the Aging regarding EISEP in the amount of \$824,665 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services to provide EISEP case management services and assessments, 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.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DEBORAH C. RIITANO COMMISSIONER

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

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 Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding previously known as Supplemental Nutrition Assistance Program, (SNAP) funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. This service shall be provided through a Memorandum of Understanding with Albany County Department of Social Services.

Grant Award Amount – \$478,417.00 Grant Term – 4/1/2020 – 3/31/2021 Funding Source – 100% - State Budget Amendment – No Revenue Account – Aging -AA6772, 03783

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



☐ Fringe

County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1798, Version: 1		
REQUEST FOR LEGISLATIVE AC	CTION	
Description (e.g., Contract Authorization for Information Services): Authorization to accept grant funding from NYSOFA for the Wellness In Nutrition Program (WIN) and approve and MOU between the Department for Aging and Department of Social Services to provide Central Assessment 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/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.	
CONCERNING BUDGET AMENDI	MENTS	
Increase/decrease category (cho	ose all that apply):	
☐ Contractual		
☐ Equipment		

File #: TMP-1798, Version: 1	
☐ Personnel ☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant Acceptance Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. 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: Scope of Services: Department of Social Services to enter into a m	\$478,417.00 Requesting authorization for the Department for Aging and the semorandum of understanding for the provision of home delivered meals of those meals to older adults 60 years and older residing in Albany
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.

CONCERNING ALL REQUESTS

File #: TMP-1798, Version: 1

Yes □ No ☒ Mandated Program/Service:

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

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

County Budget Accounts:

Revenue Account and Line: AA6772 03783 Revenue Amount: \$478,417.00

Appropriation Account and Line: AA6772 44453 **Appropriation Amount:** \$478,417.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action: Resolution/Law Number: Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept the Wellness in Nutrition (WIN), grant from New York State Office for Aging. This grant funding previously known as Supplemental Nutrition Assistance Program, (SNAP) funds the home delivered meal program to eligible older adults residing in Albany County. The Home Delivered Meal Program requires qualified professionals to assess program eligibility and perform a Minimum Data Set (MDS) Assessment. This service shall be provided through a Memorandum of Understanding with Albany County Department of Social Services.

NOTIFICATION OF GRANT AWARD - WELLNESS IN NUTRITION

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	, 1	his award is New
Section I - Cost Categories Personnel Fringe Benefits Equipment Travel Maint. & Operations Other Expenses	Amount \$0.00 0.00 0.00 0.00 0.00 0.00	Section II - Grantee Budget - State Funding: State Share (see remark 1) Other Resources Cash Other Resources In-Kind Net Cost	\$478,417.00 0.00 0.00 0.00 \$478,417.00
Subcontracts Food Approved Costs Less: Anticipated Income NSIP Net Cost	546,881.00 0.00 \$546,881.00 23,500.00 44,964.00 \$478,417.00	Section III - State Funds Ceiling: A. WIN Base Allocation B. WIN Supplemental Award State Funds Ceiling (see remark 1)	\$492,410.00 0.00 \$492,410.00

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 <u>lower</u> 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.
- (XX) 3. The State share of administrative expenditures will not exceed 5% of the State dollars expended under this award.
- (XX) 4. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- (XX) 5. The final claim must be submitted to the State Office for the Aging no later than 90 days after the close of the program period.
- () 6. Other:

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

AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE WELLNESS IN NUTRITION 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 Wellness in Nutrition program in the amount of \$478,417 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding will be used by the Department for Aging in conjunction with the Albany County Department of Social Services to provide home delivered meal services to eligible seniors in Albany County as well as the assessments required for the provision of those meals, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to accept grant funding from the New York State Office for the Aging regarding the Wellness in Nutrition program in the amount of \$478,417 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services to provide assessment services, 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.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DEBORAH C. RIITANO COMMISSIONER

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

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;

Accept the AAA State Transportation grant from New York State Office for Aging. This grant funding provides vital transportation services for older adults residing in Albany County. This will allow transportation services for non-emergency medical transportation and prioritized transportation to vital services for program eligible older adults residing in Albany County. Transportation to vital services includes; medical appointments, pharmacy, grocery shopping and/or food pantry, adult day care, and congregate meal sites. Through this state funded grant, this supplements the transportation services that are primarily funded through the Community Services for the Elderly Program (CSE) grant.

Grant Award Amount – \$16,926.00 Grant Term – 4/1/2020 – 3/31/2021 Funding Source – 100% - State Budget Amendment – No Revenue Account – Aging -AA6772, 03787

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



County of Albany

112 State Street Albany, NY 12207

Legislation Text

	File #: TMP-1799, Version: 1		
ACTION			
7/27/2020			
Patrick Dillon			
Aging			
Contract Administration			
518 447 7733			
Deborah C. Riitano, Commissioner			
	Patrick Dillon Aging Contract Administration 518 447 7733 Deborah C. Riitano, Commissioner		

File #: TMP-1799, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant	
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: Scope of Services: years and older residing in Albany County.	\$16,926.00 Provider funding for vital transportation services for older adults 60
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact:	Yes ⊠ No □

File #: TMP-1799, Version: 1

Yes ⊠ No □ Anticipated in Current Budget:

County Budget Accounts:

Revenue Account and Line: AA6772 03787 Revenue Amount: \$16,926.00

Appropriation Account and Line: AA6772 44046 Appropriation Amount: \$16,926.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

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

Yes □ No ☒ Impact on Pending Litigation

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 312

Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

Accept the AAA State Transportation grant from New York State Office for Aging. This grant funding provides vital transportation services for older adults residing in Albany County. This will allow transportation services for nonemergency medical transportation and prioritized transportation to vital services for program eligible older adults residing in Albany County. Transportation to vital services includes; medical appointments, pharmacy, grocery shopping and/or food pantry, adult day care, and congregate meal sites. Through this state funded grant, this supplements the transportation services that are primarily funded through the Community Services for the Elderly Program (CSE) grant.

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD AAA TRANSPORTATION PROGRAM

			· · · · · · · · · · · · · · · · · · ·		
Name and Address of Area Ager	ісу:		Name and Address of Sponsoring Ag	ency/Payee:	
Albany County Department for Aging		Albany County			
162 Washington Avenue, 6th Flo	oor				
Albany, NY 12210-2304					
		•			
			<u> </u>		
	Program Ye	ar - Beginning:	4/1/2020 Ending: 3/31/2021		
Fiscal Year from which funds are awa	rded: 2020		This	award is New	
Section I - Grantee Budget	Amount	Section II -	Grantee Budget - State Funds:		
Personnel	\$0.00				
Fringe Benefits	. 0.00				
Equipment	0.00	State	Share (see remark 1)	\$16,92	26.00
Travel	0.00	0.1			
Maint. & Operations	0.00	Other	Resources		0.00
Other Expenses	0.00	Total		\$16,9	26.00
Subcontracts	16,926.00	10141		510,9	20.00
Approved Costs	\$16,926.00	Sastian III	State Funda Callings		
Less:		Section 111 -	State Funds Ceiling:		
Anticipated Income	0.00	0.00 State Funds Ceiling (see remark 1) \$16,920		26.00	
Net Cost \$16,926.00					
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 limit award notice.	(XX) 1. State reimbursement is limited to the <u>lower</u> 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.					
(XX) 3. The funds herein awarded are to be expended in accordance with Article II of the New York Elder Law and any applicable State Regulations.					
(XX) 4. AAA Transportation funds may not be used for Administration.					
(XX) 5. AAA Transportation funds may not be used to purchase vehicles.					
() 6. Other:					
Name and Title of Authorizing Officia Karen Jackuback Deputy Director	d: Signature:	Kare	n Jochnlock	Date: July 8, 2	020

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE AAA STATE TRANSPORTATION 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 AAA State Transportation Program in the amount of \$16,926 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding will be used to support vital transportation services to seniors 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 AAA State Transportation Program in the amount of \$16,926 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.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DEBORAH C. RIITANO COMMISSIONER

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

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 grant funding from NYSOFA to address the unmet needs of our older adults 60 years and older residing in Albany County needing services Albany County Department for Aging provides. The services ACDFA have available are proven to be cost effective and are reducing future Medicaid spending. Services that will be affected as unmet need services include; Congregate Meals, Home Delivered Meals, Transportation, and Legal services. When a service is identified as unmet by NYSOFA it is a signal that additional funding is necessary, in certain grant expenditures, to handle the demand and/or the growth of that service for future sustainability.

Grant Award Amount – \$330,910.00 Grant Term – 4/1/2020 – 3/31/2021 Funding Source – 100% - State Budget Amendment – No Revenue Account – Aging -AA6772, 03780

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



County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1800, Version: 1		
REQUEST FOR LEGISLATIVE AC	CTION	
Description (e.g., Contract Authorization to accept grant funding	orization for Information Services): ng from NYSOFA for Unmet Need.	
Date:	7/27/2020	
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/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.	
CONCERNING BUDGET AMEND	MENTS	
Increase/decrease category (cho ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Resonnel	ose all that apply):	
☐ Personnel Non-Individual		

File #: TMP-1800, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant	or tap to enter a date.
☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (ctate if not listed)	Click or tan hara to enter toyt
☐ Other: (state if not listed) Contract Terms/Conditions:	Click or tap here to enter text.
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: Scope of Services: Albany County who are eligible for but not rece	\$330,910.00 Provide aging services to older adults 60 years and older residing in siving services.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact:	Yes ⊠ No □

File #: TMP-1800, Version: 1

Anticipated in Current Budget: Yes ⊠ No □

County Budget Accounts:

Revenue Account and Line: AA6772 03780 Revenue Amount: \$330,910.00

Appropriation Account and Line: AA6772 44046
Appropriation Amount: \$330,910.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

<u>Term</u>

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: 310

Date of Adoption: 8/12/2019

<u>Justification</u>: (state briefly why legislative action is requested)

To accept grant funding from NYSOFA to address the unmet needs of our older adults 60 years and older residing in Albany County needing services Albany County Department for Aging provides. The services ACDFA have available are proven to be cost effective and are reducing future Medicaid spending. Services that will be affected as unmet need services include Congregate Meals, Home Delivered Meals, Transportation, and Legal services. When a service is identified as unmet by NYSOFA it is a signal that additional funding is necessary, in certain grant expenditures, to handle the demand and/or the growth of that service for future sustainability.

NOTIFICATION OF GRANT AWARD - UNMET NEED

Name and Address of Sponsoring Agency/Payee: Name and Address of Area Agency: Albany County Department for Aging Albany County 162 Washington Avenue, 6th Floor Albany, NY 12210-2304 Program Year - Beginning: 4/1/2020 Ending: 3/31/2021 This award is New Fiscal Year from which funds are awarded: 2020 Section II - Grantee Budget - State and Matching Funds: Section I - Grantee Budget Amount \$0.00 \$330,910.00 Personnel 1. State Share (see remark 1) Fringe Benefits 0.00 2. Matching Share of Net Cost 0.00 A. In-Kind Equipment 0.00 0.00 B. Cash Travel 0.00 0.00 C. Volunteer Match Maint. & Operations 0.00 \$330,910.00 Other Expenses 0.00 3. Net Cost Section III - State Funds Ceiling: Subcontracts 374,118.00 Food 0.00 A. Base Allocation \$330,910.00 Approved Costs \$374,118.00 B. Reallocation 0.00 Less: Anticipated Income 11,500.00 \$330,910.00 State Funds Ceiling (see remark 1) NSIP 11708.00 Net Cost \$330,910.00 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: (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. (XX) 3. The funds herein awarded are to be expended in accordance with the laws and regulations that govern the program for which the funds are used. (XX) 4. Area Agency administrative expenditures are limited to a maximum of 15% of the State Share. () 5. Other: Name and Title of Authorizing Official: Kan Jochelock Karen Jackuback July 8, 2020 Deputy Director

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING UNMET NEED AND AMENDING THE 2019 DEPARTMENT FOR AGING BUDGET

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 unmet need services in the amount of \$330,910 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 congregate meals, home delivered meals, transportation, legal services, Expanded In-Home Services for the Elderly, and other services to older adults in Albany County who are not receiving the services for which they are eligible, and

WHEREAS, The Commissioner has also indicated that a budget amendment is necessary to incorporate the funding into the 2019 Department for Aging Budget, 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 unmet need services in the amount of \$330,910 for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, By the Albany County Legislature that the 2019 Department for Aging Budget is hereby amended as follows:

Increase Revenue Account A3780 EISEP Unmet Need by \$330,910

Increase Appropriation Account A6772.4 by \$330,910 by increasing Line Item A6772 4 4046 Fees for Services by \$330,910

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.



DANIEL P. MCCOY
COUNTY EXECUTIVE

DEBORAH C. RIITANO COMMISSIONER

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

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 grant funding and for Albany County Department for Aging to enter into a Memorandum of Understanding with the Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program. NY Connects is an essential component of the State's efforts to rebalance the long-term services and support systems so that people can live independently and remain at home and in their communities.

NY Connect services are available to older adults and their caregivers. The core functions of NY Connects include; the provision of the NY Connects No Wrong Door Screening Process, information and assistance, application and enrollment assistance for public benefit programs, coordination with other agencies to guide individuals through the eligibility processes, counseling options, care transitions, and data collection and reporting.

Grant Award Amount – \$363,281.00 Grant Term – 4/1/2020 – 3/31/2021 Funding Source – 100% - State Budget Amendment – No Revenue Account – Aging -AA6772, 03789

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



☐ Fringe

County of Albany

112 State Street Albany, NY 12207

Legislation Text

File #: TMP-1801, Version: 1		
REQUEST FOR LEGISLATIVE AC	CTION	
Authorization to accept grant fundir	orization for Information Services): Ing from NYSOFA and to enter into a Memorandum of unty Department of Social Services for the NY Connects gram.	
Date:	7/27/2020	
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/Proce □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 	edure Click or tap here to enter text.	
CONCERNING BUDGET AMEND	MENTS	
Increase/decrease category (cho	ose all that apply):	
☐ Contractual		
☐ Equipment		

File #: TMP-1801, Version: 1	
☐ Personnel ☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	ZATIONS
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant Acceptance Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. 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.	
·	\$363,281.00 Requesting authorization for the Department for Aging and The emorandum of understanding to support the delivery of NY Connects individuals of any age with disabilities who are in need of long term
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.

CONCERNING ALL REQUESTS

File #: TMP-1801, Version: 1

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: \$363,281.00 Revenue Amount: \$AA6772 03789

Appropriation Account and Line: AA6772 44046
Appropriation Amount: \$363,281.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text. Local: Click or tap here to enter text.

<u>Term</u>

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: 314
Date of Adoption: 8/12/2019

Justification: (state briefly why legislative action is requested)

To accept grant funding and for Albany County Department for Aging to enter into a Memorandum of Understanding with the Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program. NY Connects is an essential component of the State's efforts to rebalance the long-term services and support systems so that people can live independently and remain at home and in their communities.

NY Connect services are available to older adults and their caregivers. The core functions of NY Connects include; the provision of the NY Connects No Wrong Door Screening Process, information and assistance, application and enrollment assistance for public benefit programs, coordination with other agencies to guide individuals through the eligibility processes, counseling options, care transitions, and data collection and reporting.

New York State Office for the Aging New York Connects Expansion and Enhancement Program Tentative Allocation Schedule-Page 1 Program Period - 4/1/20-3/31/21

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AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE NY CONNECTS EXPANSION AND ENHANCEMENT 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 NY Connects Expansion and Enhancement program in the amount of \$363,281 for the term commencing April 1, 2019 and ending March 31, 2020, and

WHEREAS, The Commissioner indicated that the funding will be used by the Department for Aging in conjunction with the Albany County Department of Social Services to support the delivery of NY Connects services to older adults and individuals of any age with disabilities who are in need of long-term services, and

WHEREAS, The Commissioner has also requested authorization to enter into an interdepartmental agreement with the Department of Social Services for administration of the NY Connects 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 NY Connects Expansion and Enhancement program in the amount of \$363,281 and enter into an agreement with the Albany County Department of Social Services for the term commencing April 1, 2019 and ending March 31, 2020, and, be it further

RESOLVED, That the County Executive is also authorized to enter into an interdepartmental agreement with the Department of Social Services for administration of the NY Connects program, 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.