

County of Albany

Harold L. Joyce
Albany County Office Building
112 State Street - Albany, NY 12207



Meeting Agenda

Wednesday, June 30, 2021

5:00 PM

**Harold L. Joyce Albany County Office Building
Room 730**

Elder Care Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

2. AUTHORIZING AN AGREEMENT WITH CORETACTICS HEALTHCARE CONSULTING, INC REGARDING NURSE CONSULTING SERVICES FOR SHAKER PLACE REHABILITATION AND NURSING CENTER
3. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR THE TITLE III-B SUPPORTIVE SERVICES PROGRAM
4. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR THE TITLE III-C-1 CONGREGATE MEALS PROGRAM
5. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR THE TITLE III-C-2 HOME DELIVERED MEALS PROGRAM
6. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR THE TITLE III-D MEDICATION MANAGEMENT PROGRAM
7. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR THE TITLE III-E CAREGIVER SUPPORT PROGRAM
8. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING STIMULUS FUNDING FOR EXPANDING ACCESS TO COVID-19 VACCINES VIA THE AGING NETWORK
9. 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

County of Albany

*Harold L. Joyce
Albany County Office Building
112 State Street - Albany, NY 12207*



Meeting Minutes

Wednesday, February 24, 2021

5:30 PM

Held Remotely

Elder Care Committee

PREVIOUS BUSINESS:

Present: Carolyn McLaughlin, Bill L. Ricard, Norma J. Chapman, Gary W. Domalewicz, Joanne Cunningham, Jeff S. Perlee and Jennifer A. Whalen

Excused: Robert J. Beston and Frank J. Commisso

1. APPROVING PREVIOUS MEETING MINUTES

A motion was made that the previous meeting minutes be approved. The motion carried by a unanimous vote.

CURRENT BUSINESS:

2. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF THE AGING REGARDING THE MEDICARE IMPROVEMENT FOR PATIENTS AND PROVIDERS ACT GRANT

A motion was made to move the proposal forward with a positive recommendation. The motion carried by a unanimous vote.



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

May 11, 2021

The Honorable Andrew Joyce
Chairman, Albany County Legislature
Legislative Clerk's Office
112 State Street, Suite 710
Albany, New York 12207

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to enter into an agreement with Coretactics Healthcare Consulting. Coretactics works with our clinical staff in reviewing the New York State Department of Health Quality Measures to ensure accuracy and compliance as determined by regulatory requirements.

This contract will be a renewal as per the original RFP of twelve (12) months at an annual cost of \$150,000.00 that was included in our 2021 budget.

Coretactics also consults with the Director of Nursing in ensuring that CMS and the New York State Department of Health regulatory requirements under section 415 are adhered to. They have been responsible in assisting the nursing home achieve an overall CMS 2-Star rating.

We respectfully request the approval of this agreement.

Sincerely,

Larry I. Slatky
Executive Director

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





County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2487, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Coretactics Healthcare Consulting for Quality Measures

Date:	May 11, 2021
Submitted By:	Larry I. Slatky
Department:	Shaker Place Rehabilitation and Nursing Center
Title:	Executive Director
Phone:	518-213-8940
Department Rep.	
Attending Meeting:	Larry I. Slatky

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

Choose an item.

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):

Coretactics Healthcare Consulting
250 Osborne
Albany, New York 12205

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$150,000.

Scope of Services: Coretactics Healthcare Consulting will work with our clinical staff to ensure that all quality measures are met, assists with policy and procedures for NYSDOH compliance, reviews medical record documentation for accuracy to the MDS.

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: NYSDOH

Is there a Fiscal Impact: Yes No

Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Click or tap here to enter text.

Appropriation Amount: Click or tap here to enter text.

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Term

Term: (Start and end date) 11/01/2021-10/31/2022

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: 222

Date of Adoption: 7/13/2020

Justification: (state briefly why legislative action is requested)

Coretactics Healthcare Consulting works with the clinical staff to ensure that they are versed in the NYSDOH Quality Measures that has a direct impact on the CMS Five Star rating system. With the assistance of Coretactics Healthcare Consulting Shaker Place is now a Two Star CMS rated nursing home, which is a direct reflection on the consulting of the Coretactics staff. The contract permits for a second year of consulting, which we are requesting to enter into.

RESOLUTION NO. 222

AUTHORIZING AN AGREEMENT WITH CORETACTICS HEALTHCARE CONSULTING, INC. REGARDING NURSE CONSULTING SERVICES FOR SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 7/13/20
By Elder Care Committee:

WHEREAS, By Resolution No. 465 for 2019, this Honorable Body authorized an agreement with Coretactics Healthcare Consulting, Inc. regarding nurse consulting services for Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$150,000 for the term commencing November 1, 2019 and ending October 31, 2020, and

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into the first of two one-year options to renew an agreement with Coretactics Healthcare Consulting, Inc. regarding nurse consulting services for Shaker Place Rehabilitation and Nursing Center in the amount of \$150,000 for the term commencing November 1, 2020 and ending October 31, 2021, and

WHEREAS, The Executive Director indicated that Coretactics Healthcare Consulting, Inc. will provide education, monitoring, and supervision to ensure compliance with regulatory requirements, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Coretactics Healthcare Consulting, Inc., Albany, NY 12205 regarding nurse consulting services for Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$150,000 for the term commencing November 1, 2020 and ending October 31, 2021, 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 - 7/13/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 13th day of July, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of July, 2020.

Nicole Chambers

Clerk, Albany County Legislature



Albany County Contract Management System

This Site: Albany County Contr



Albany County Contract Management System > Request for Contract Approval > 5125

Request for Contract Approval : 5125

New Item | Edit Item | Delete Item | Workflows | Alert Me

Request ID #	5125
Department	NH6020 - Nursing Home
Contract Type	C) County Legislative Contracts
Contract Action	A) New
Contract Action Type	N) None
Resolution #	19-465
Date Submitted	11/27/2019 12:00 AM
Expiration Date	10/31/2020 12:00 AM
Contact Person	Slatky, Larry
Contact Phone	518-869-2231
Contact Email	larry.slatky@shakerplace.org
Vendor Info	<p>Name: Coretactics Healthcare Consulting, Inc.</p> <p>Address: 250 Osborne Road, Albany, New York 12205</p>
Estimated Amount	150,000.00
Estimated Term	11/1/2019 - 10/31/2020
Scope of Service	Coretactics Healthcare Consulting will provide education, monitoring, supervision and clinical intervention(s) to clinical personnel to ensure compliance with CMS and NYSDOH regulatory requirements, to improve the CMS Five Star Ratings and Quality Measures.
Budget Line	NH6020
Point 2 or 4	4
Line Item	4,069.00
Budget Line	Account Code
Point 2 or 4	

Line Item	
Budget Line	Account Code
Point 2 or 4	
Line Item	
Budget Line	Account Code
Point 2 or 4	
Line Item	
Fiscal Impact - County	1.00
Fiscal Impact - State	0.00
Fiscal Impact - Federal	0.00
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Anticipated in Current Budget	Yes
BID, RFP, RFQ Completed?	Yes - RFP
BID/RFP/RFQ #	2019-090
Additional Comments	Please note that the current Coretactics contract expired October 31, 2019, therefore, this contract will commence November 1, 2019 and will conclude October 31, 2020. Coretactics was the only bidder.
Attachments	Coretactics Award Letter.pdf Coretactics Healthcare Consulting Resolution No 465.pdf Coretactics RFP Response.pdf

DMB Section

DMB Approval	Yes
Reason for Disapproval	<div></div>
Not to Exceed Amount	150,000.00
Date of Approval or Disapproval	11/27/2019 12:00 AM
If CAB contract, Date approved by CAB	
If Legislative contract, Date approved by Legislature	
Contract ID #	5,225

Law Section

Law receives request to prepare contract	12/3/2019 12:00 AM
Law receives back-up documentation to prepare contract	
Law sends draft of contract to Dept for review	
Law sends final contract to department	
Law sends signed contract to CEO to sign	
Law sends signed contract to Comptrollers office and requesting department.	
Completed Date	

Created at 11/27/2019 11:51 AM by Slatky, Larry
 Last modified at 12/3/2019 8:36 AM by Berghela, Teresa

AGREEMENT
 BETWEEN
 THE COUNTY OF ALBANY
 AND
 CORETACTICS HEALTHCARE CONSULTING, INC.
 FOR
 NURSE CONSULTING SERVICES AT
 THE SHAKER PLACE REHABILITATION AND NURSING CENTER

Resolution No. 465 of 2019—passed November 12, 2019

THIS AGREEMENT is made by and between the County of Albany, a municipal corporation organized under the laws of the State of New York, acting by and through its County Executive, with a principal office at the Albany County Office Building, 112 State Street, Albany, New York 12207 (hereinafter, the “County”), and Coretactics Healthcare Consulting, Inc., a New York corporation with its principal office at 250 Osborne Road, Albany, New York 12205 (hereinafter, the “Contractor”). The County and Contractor may each individually be referred to as the “[P]arty” and together as the “[P]arties” as appropriate.

WITNESSETH:

WHEREAS, the County (on behalf of the Shaker Place Rehabilitation and Nursing Center) has a need for Nurse Consulting Services, said request having been denominated RFP #2019—090, and having been issued by the Albany County Department of General Services Purchasing Division (hereinafter called the “Purchasing Division”) on August 8, 2019 and published on August 15, 2019 (hereinafter called the “RFP”); and

WHEREAS, in response thereto, the Contractor has submitted a proposal to provide the aforementioned nurse consulting services on August 28, 2019 (hereinafter called the “Proposal”); and

WHEREAS, the County has accepted the Proposal of the Contractor to provide the aforesaid nurse consulting services on September 18, 2019; and

WHEREAS, the Albany County Legislature has authorized the County Executive to enter into an Agreement with the Contractor to provide the aforesaid nurse consultant services from November 1, 2019 through October 31, 2020 via Resolution No. 465 of 2019, adopted November 12, 2019; and

WHEREAS, in furtherance thereof, the parties hereto desire to formalize their understanding and agreement regarding the provision of the aforementioned supplies, and to execute a fully-integrated Agreement with respect thereto;

NOW, THEREFORE, THE PARTIES HERETO DO MUTUALLY COVENANT AND AGREE AS FOLLOWS:

ARTICLE 1. THE CONTRACT DOCUMENTS; INTERPRETATION

- 1.1 The Contract Documents consist of the following: this Agreement; the RFP, which is incorporated herein and made a part hereof in its entirety by reference; and the Proposal, which is incorporated herein and made a part hereof in its entirety by reference (collectively called "the Agreement" hereinafter).
- 1.2 In the event of any discrepancy, disagreement, or ambiguity among the documents which comprise this Agreement, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement, or ambiguity: 1) this Agreement; 2) the RFP; 3) the Proposal.

ARTICLE 2. SCOPE OF SERVICES TO BE PERFORMED BY CONTRACTOR

The Contractor shall provide MDS Case Management Review Services to the Shaker Place Rehabilitation and Nursing Center, located at 780 Albany Shaker Road, according to the Scope of Services and Addendum contained within the RFP. Such services shall include:

- 2.1 The Contractor shall devote its attention to:
 - Focus on regulatory compliance with NYS & Federal updates.
 - Focus on continuous quality improvement and enhancement of publicly reporting outcomes NYS Nursing home Quality Initiative.
 - Focus on continued development of the Nursing Services Department.
 - Focus on continued process improvement through evidence based practices.
- 2.2 Within the scope of regulatory compliance:
 - Design and implement a Continuous Survey Readiness system. Work with the DON and ADON to ensure the process is implemented and integrated into the QAPI Program.
 - Develop processes and programs to ensure regulatory compliance with the upcoming Phase 3 CMS Requirements of Participation (Trauma Informed Care Program, Ethics & Compliance Program. QAPI Data Collection & Utilization. Etc.).
 - Ensure processes are in place to comply with additional NYS and Federal regulatory changes occurring after Phase 3 implementation.
- 2.3 Within the scope of quality improvement:

- Work collaboratively with the facility leadership staff to identify opportunities for improvement in the publicly reported quality measures (CMS 5 Star Rating, CASPER Reports, NYS NHQI and VBP).
- Provide education and recommendations to key leadership throughout the development of the AHCA Silver Quality Award.

2.4 Within the scope of workforce development:

- Provide continued support and act as a resource to the Director of Nursing to enhance clinical services and promote continued growth in the department.
- Assist the Director of Quality Improvement with the review of investigations and implementation of corrective actions if indicated.
- Provide support to the Staff Development office to enhance clinical competency and implement programs to improve retention.
- Mentor the Infection Preventionist with a focus on:
 - Regulatory compliance & reporting requirements.
 - Establishing best practices in infection and prevention & control.
 - Data collection, tracking and trending.
 - Understanding and updating infection control policies and competencies
 - Infection control rounds.
 - Antibiotic stewardship and tracking progress.
- Mentor the Assistant Director of Nursing and RN Supervisors on effective management skills; leadership, organizational, and communication skills, supervisory skills as well as day-to-day management and long-term planning of the resident unit.

ARTICLE 3. COMPENSATION

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Contractor agrees to accept, an annual amount not to exceed ONE HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS (\$150,000.00) (US CURRENCY) as full compensation for all goods furnished under this Agreement.

3.2 The prices set forth in the Proposal shall remain fixed for the entire term of this Agreement and any renewals.

3.3 The County is not subject to federal, state, or local taxes.

ARTICLE 4. PAYMENT AND DELIVERY

Payment shall be made to the Contractor by the County upon the Contractor's submission of a properly executed Albany County Claim Form, plus all supporting documentation, to the Shaker Place Rehabilitation and Nursing Center, and acceptance by the County of the Claim Form.

ARTICLE 5. TERM OF THE AGREEMENT

The term of this Agreement shall commence on November 1, 2019 and continue in effect until October 31, 2020. At the end of the initial one-year contract term, the Agreement may be renewed for two (2) additional years, in two (2) consecutive one-year intervals, upon mutual agreement of the Parties. Each renewal shall be dependent upon a renewal of all terms within this Agreement; partial renewals shall not be accepted by the County.

ARTICLE 6. TERMINATION OF AGREEMENT; REMEDY FOR BREACH

- 6.1 This Agreement may be terminated by the County or the Contractor as follows:
- 6.1.1 The County may terminate this Agreement if the Contractor refuses or fails to supply enough properly skilled workers or proper materials to meet any of its requirements, if the Contractor fails to make payment to County-approved subcontractors for materials or labor, or disregards laws, ordinances, or rules and regulations or orders of a public entity having jurisdiction over the work, or if the Contractor is substantially in breach of any of its provisions. Additionally, the County may, without cause, order the Contractor in writing, to suspend, delay, or interrupt the work in whole or in part for such period of time as the County may determine.
 - 6.1.2 The Contractor may terminate this Agreement if the County is substantially in breach of it.
- 6.2 In the event of a breach by the Contractor, the Contractor shall pay to the County all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the County to procure a substitute Contractor to satisfactorily complete the work, together with the County's own costs incurred in procuring a substitute Contractor.

ARTICLE 7. ASSIGNMENT

- 7.1 Pursuant to §109 of the General Municipal Law, the Contractor is prohibited from assigning, transferring, conveying, subcontracting, or otherwise disposing of this Agreement, or of its right, title, or interest therein, to any other person or entity without the prior written consent of the County.
- 7.2 The Contractor shall not subcontract for any portion of the services required under this Agreement without the prior written approval of the County. Any such subcontractor shall be subject to the terms and conditions of this Agreement and any additional terms and conditions the County may deem necessary or appropriate.

ARTICLE 8. AVAILABLE DATA

All technical or other data related to this Agreement in the possession of the County or in the possession of the Contractor shall be made available to the other party to this Agreement without expense to the other party.

ARTICLE 9. COOPERATION

Contractor shall cooperate with the agents, representatives, and employees of the County and the County shall cooperate with the agents, representatives, and employees of the Contractor to ensure that the work delineated herein proceeds and concludes as expeditiously as possible.

ARTICLE 10. NON-DISCRIMINATION

In accordance with Article 15 of the Executive Law (also known as the Human Rights Law), and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor agrees that neither it nor its County-approved subcontractors shall, by reason of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, or marital status refuse to hire or employ or to bar or to discharge from employment such individual or to discriminate against such individual in compensation or in terms, conditions, or privileges of employment.

ARTICLE 11. EXTRA WORK

If the Contractor is of the opinion that any work it has been directed to perform is beyond the scope of this Agreement and constitutes extra work, the Contractor shall promptly notify the County of that opinion. The County shall be the sole judge as to whether or not such work is in fact beyond the scope of this Agreement and whether or not it constitutes extra work. In the event the County determines such work does constitute extra work, it shall provide extra compensation to the Contractor on a negotiated basis.

ARTICLE 12. COMPLIANCE WITH MACBRIDE PRINCIPLES

The Contractor hereby represents that it is in compliance with the MacBride Principles of Fair Employment as set forth in Albany County Local Law No. 3 for 1993, in that Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of its compliance with such principles. In the event of a violation of this stipulation, the County reserves all rights to take remedial measures as authorized under § 4 of the said Local Law No. 3 for 1993 including, but not limited to, imposing sanctions, enforcing compliance, recovering damages, declaring the Contractor in default, and/or seeking debarment or suspension of the Contractor.

ARTICLE 13. IRANIAN ENERGY SECTOR DIVESTMENT

The Contractor hereby represents that the Contractor is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment," in that Contractor has not:

- (a) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
- (b) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.

ARTICLE 14. RELATIONSHIP OF THE PARTIES

The Contractor is, and will function as, an independent contractor under the terms of this Agreement, and shall not be considered an agent or employee of the County for any purpose. The agents, representatives, and employees of the Contractor shall not in any manner be, or be held out to be, the agents, representatives, or employees of the County.

ARTICLE 15. INDEMNIFICATION

The Contractor shall defend, indemnify, and save harmless the County, its agents, representatives, and employees, from and against any and all claims, damages, losses, and expenses (including, but not limited to, reasonable attorney's fees) arising out of or in consequence of any negligent or intentional act or omission of the Contractor, its agents, representatives, or employees, to the extent of its or their responsibility for such claims, damages, losses, or expenses.

ARTICLE 16. INSURANCE COVERAGE

- 16.1 The Contractor shall procure and maintain for the entire term of this Agreement, without additional expense to the County, insurance policies of the kinds and in the amounts provided in the Schedule A attached hereto and made a part hereof. The insurance policies shall name the County as an additional insured. Such policies may only be changed upon thirty (30) days prior written approval by the County.
- 16.2 The Contractor shall, prior to commencing any of the services outlined herein, furnish the County with Certificates of Insurance showing that the requirements of this article have been met. The Contractor shall also provide the County with updated Certificates of Insurance prior to the expiration of any previously-issued by the Contractor. No work shall be commenced under this Agreement until the Contractor has delivered the Certificates of Insurance to the County. Upon failure of the Contractor to furnish, deliver, and maintain such insurance certificates as provided above, the County may declare this Agreement suspended, discontinued, or terminated.

- 16.3 As required by Section 108 of the N.Y. General Municipal Law, this Agreement shall be of no force and effect unless the Contractor shall secure compensation for the benefit of, and keep insured during the life of this Agreement, all employees engaged thereon in compliance with the provisions of the N.Y. Workers' Compensation Law. The Contractor shall require any subcontractor authorized by the County to do likewise for all of their employees engaged thereon, all in compliance with the provisions of the N.Y. Workers' Compensation Law and of Schedule A of this Agreement.

ARTICLE 17. NON-COLLUSIVE BIDDING

By execution of this Agreement, the Contractor warrants, under penalty of perjury, that to the best of their knowledge and belief, the prices communicated to the County in establishing the costs of goods and services covered in this Agreement have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition. The Contractor warrants that it is in compliance with NYS General Municipal Law Sec. 103-d with regard to the prices of goods and services covered in this Agreement.

ARTICLE 18. NO WAIVER OF PERFORMANCE

Failure of the County to insist upon strict and prompt performance of the provisions of this Agreement, or any of them, and the acceptance of such performance thereafter shall not constitute or be construed as a waiver or relinquishment of the County's right thereafter to enforce the same strictly according to the tenor thereof in the event of a continuous or subsequent default on the part of the Contractor.

ARTICLE 19. ACCOUNTING RECORDS

- 19.1 The Contractor shall maintain complete and proper accounting records that shall clearly identify all costs associated with and revenue derived from the work performed under this Agreement. Such records shall be subject to periodic and final audit by the County upon request.
- 19.2 The Contractor shall provide the County and authorized State and/or Federal personnel access to any and all books, documents, records, charts, software or any other information relevant to performance under this Agreement, immediately upon request.
- 19.3 The Contractor shall retain all of the above information for six (6) years after final payment or the termination of this Agreement, and shall make such information available to the County and authorized State and/or Federal personnel during such period.

ARTICLE 20. PRIVACY OF PERSONAL HEALTH INFORMATION

In order to comply with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Contractor, (deemed a BUSINESS ASSOCIATE as defined at 45 CFR § 160.103), its employees, administrators and agents shall not use or disclose Protected Health Information (PHI), (as defined in 45 CFR § 160.103) other than as permitted or required by this

Agreement with the County (deemed a Hybrid Entity as defined at 45 CFR § 160.103) or as Required By Law (as defined in 45 CFR § 164.103). The Contractor shall maintain compliance with all U.S. Department of Health and Human Services, Office for Civil Rights, policies, procedures, rules and regulations applicable in the context of this Agreement, as more particularly set forth in Schedule B, attached hereto and made a part hereof.

ARTICLE 21. NON-APPROPRIATIONS

Notwithstanding anything contained herein to the contrary, no default shall be deemed to occur in the event no funds or insufficient funds are appropriated and budgeted by or are otherwise unavailable to the County for payment under this Agreement. The County will immediately notify the Contractor of such occurrence and this Agreement shall terminate on the last day of the fiscal period for which appropriations were received without penalty or expense to the County of any kind whatsoever, except as to those portions herein agreed upon for which funds shall have been appropriated and budgeted.

ARTICLE 22. CHANGE IN LEGAL STATUS OR DISSOLUTION

During the term of this Agreement, the Contractor agrees that, in the event of its reorganization or dissolution as a business entity or change in business, the Contractor shall give the County thirty (30) days written notice in advance of such event.

ARTICLE 23. LICENSES

The Contractor shall at all times obtain and maintain all licenses required by New York State, or other relevant regulating body, to perform the services required under this Agreement.

ARTICLE 24. PARTIAL INVALIDITY

If any term, part, provision, section, subdivision, or paragraph of this Agreement shall be held to be unconstitutional, invalid, or ineffective, in whole or in part, such determination shall not be deemed to invalidate the remaining terms, parts, provisions, sections, subdivisions, or paragraphs.

ARTICLE 25. HEADINGS – CONSTRUCTION

The headings appearing in this Agreement are for the purpose of easy reference only and shall not be considered a part of the Agreement or in any way to modify, amend, or affect the provisions hereof.

ARTICLE 26. NOTICES

All notices, consents, waivers, directions, requests, or other instruments or communications provided for under this Agreement shall be deemed properly given if, and only if, delivered personally, sent by registered or certified United States mail, postage prepaid, or, with the prior consent of the receiving party, dispatched via facsimile transmission.

ARTICLE 27. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

ARTICLE 28. MODIFICATION

This Agreement may only be modified by a formal written amendment executed by the parties.

ARTICLE 29. EXECUTION OF DOCUMENTS

This Agreement may be executed in one or more counterparts, each of which shall constitute an original Agreement, but all of which together shall constitute one and the same instrument.

ARTICLE 30. STORMWATER MANAGEMENT PROGRAM

The Contractor specifically agrees to comply with the terms and conditions of the County's stormwater management program (SWMP) as set forth in Albany County Local Law No.7 for 2007 and further agrees to implement any corrective actions identified by the County or a representative. The Contractor understands that the County must comply with the conditions of the New York State Pollutant Discharge Elimination System (SPDES) general permit (GP-0-10-002) for stormwater discharges from the Municipal Separate Storm Sewer Systems (MS4s) and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. The Contractor further understands that any non-compliance will not diminish, eliminate, or lessen the Contractor's own liability. The Contractor shall execute and deliver to the Count a certification statement prior to commencing any work.

ARTICLE 31. ENTIRE AGREEMENT

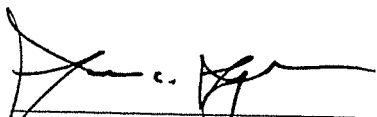
This Agreement constitutes the entire agreement between the parties and no representations or promises have been made except as expressly set forth herein.

[The Rest of The Page Left Intentionally Blank]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date(s) hereunder set forth.

COUNTY OF ALBANY

DATED: 1/7/20

BY: 
Daniel P. McCoy
Albany County Executive
or
Daniel C. Lynch, Esq.
Deputy County Executive

CORETACTICS HEALTHCARE
CONSULTING INC.

DATED: 1/2/20

BY: 

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

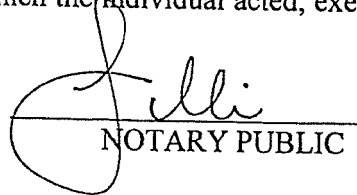
On the ___ day of _____, 20___, before me, the undersigned, personally appeared DANIEL P. McCOY personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF ALBANY) SS.:

On the 7 day of January, 2020, before me, the undersigned, personally appeared DANIEL C. LYNCH, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

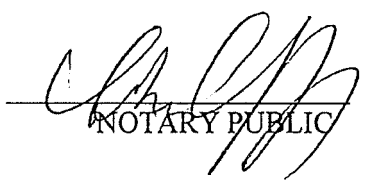
MICHAEL A. LALLI
NOTARY PUBLIC STATE OF NEW YORK
No. 01LA6322012
Qualified in Albany County
My Commission Expires March 30, 2021


NOTARY PUBLIC

STATE OF New York)
COUNTY OF ALBANY) SS.:

On the 2nd day of January, 2020, before me, the undersigned, personally appeared Amy Lee personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

THOMAS COFFEY
Notary Public, State of New York
Qualified in Albany County
Reg. No. 4794092
Commission Expires March 30, 2023


NOTARY PUBLIC

SCHEDULE A

INSURANCE COVERAGE

The kinds and amounts of insurance to be provided are as follows:

1. **Workers' Compensation and Employers Liability Insurance:** A policy or policies providing protection for employees in the event of job related injuries.
2. **Automobile Liability Insurance:** A policy or policies with the limits of not less than \$500,000 for each accident because of bodily injury, sickness or disease, including death at any time, resulting there from, sustained by any person caused by accident, and arising out of the ownership, maintenance or use of any automobiles; and with the limits of \$500,000 for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobiles.
3. **General Liability Insurance:** A policy or policies including comprehensive form, personal injury, contractual, products/completed operations, premises operations and broad form property insurance shall be furnished with limits of not less than:

Liability for:	Combined Single Limit:
Bodily Injury	\$1,000,000.00
Property Damage	\$1,000,000.00
Personal Injury	\$1,000,000.00

SCHEDULE B

OBLIGATIONS AND ACTIVITIES OF THE CONSULTANT AS A BUSINESS ASSOCIATE PURSUANT TO 45 CFR SECTION 164.504

The parties to the Agreement hereby agree to comply with the following provisions to ensure their compliance with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.

Pursuant to the terms of the Agreement, and in accordance with the requirements of 45 CFR Sections 160 and 164, the CONSULTANT/CONTRACTOR herein shall be considered a "Business Associate." The following terms are hereby incorporated in this AGREEMENT and shall be binding upon the parties hereto:

A. DEFINITIONS

1. "Business Associate" – under the terms of this Agreement, the term "Business Associate" shall mean the Contractor.
2. "Covered Entity" – for purposes of this Agreement, the term "Covered Entity" shall mean the County of Albany, The Shaker Place Rehabilitation and Nursing Center, and any part thereof.
3. "Individual" – under the terms of this Agreement, the term "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103, and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).
4. "Privacy Rule" – shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
5. "Protected Health Information"- shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created, received, maintained or transmitted by the Business Associate from or on behalf of the Covered Entity.
6. "Required by Law" – shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
7. "Secretary" – shall mean the Secretary of the Department of Health and Human Services or his/her Designee.
8. "Subcontractor" – shall have the same meaning as the term "subcontractor" in 45 CFR Section 160.103.

B. OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

1. Pursuant to the terms of the Agreement, the Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement, or as required by law.
2. The Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of electronic Protected Health Information other than as provided for by this Agreement in accordance with the requirements of 45 CFR Section 164.314(a)(2)(i).
3. Pursuant to the terms of the Agreement and as more particularly described in the INDEMNIFICATION provisions of the Agreement, the Business Associate hereby agrees, and shall be required to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate which is in violation of the requirements of the Agreement.
4. The Business Associate shall immediately report to the Covered Entity any use or disclosure of unsecured Protected Health Information not provided for by the Agreement, of which it shall become aware in accordance with the provisions of 45 CFR Section 164.410.
5. The Business Associate agrees to ensure that any agent, including a subcontractor, that creates, receives, maintains or transmits Protected Health Information on behalf of the Business Associate agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information pursuant to 45 CFR Section 164.502(e)(1)(ii) by entering into a contract or other arrangement in accordance with the requirements of 45 CFR Section 164.314.
6. Business Associate agrees to provide access, at the request of the Covered Entity, to Protected Health Information in a Designated Record Set, to the Covered Entity or as directed by the Covered Entity, to an Individual, in order to meet the requirements under 45 CFR Section 164.524.
7. Business Associate agrees to make any necessary amendments to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees pursuant to 45 CFR Section 164.526, at the request of Covered Entity or an Individual, in a timely manner.
8. Business Associate agrees to make its internal practices, books, and records, including policies and procedures relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Entity, available to the Secretary for purposes of the Secretary determining the Covered Entity's compliance with the Privacy Rule.

9. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with the requirements of 45 CFR Section 164.528.
10. Business Associate agrees to provide to the Covered Entity or an Individual, upon request, information which may be collected by the Business Associate during the term of this Agreement, for purposes of permitting the Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information, in accordance with the provisions of 45 CFR Section 164.528.
11. To the extent that the Business Associate is to carry out an obligation of the Covered Entity as a term of this Agreement, Business Associate agrees to comply with the requirements of the Privacy Rule under 45 CFR Section 164.504 that apply to the Covered Entity in the performance of such obligation.

C. PERMITTED USES AND DISCLOSURE

1. General Uses and Disclosure - Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform the functions, activities, or services as defined in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if said disclosure were done by the Covered Entity, or the minimum necessary policies and procedures of the Covered Entity, as well as the applicable provisions of the New York State Mental Hygiene Law.
2. Specific Uses and Disclosure – Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the services to be provided by the Business Associate in this Agreement, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law, or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware that the confidentiality of the information has been breached.
3. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to provide information required to the Covered Entity as permitted by 45 CFR Section 164.504 (e)(2)(i)(B).
4. Except as otherwise limited in this Agreement, the Business Associate may use Protected Health Information to carry out the legal responsibilities of the Business Associate.

5. The Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR Section 164.502 (j)(1).
6. Nothing within this section shall be construed as to inhibit the disclosure of information as may be required by the New York State Mental Hygiene Law, Sections 33.13 or 33.16, or other provisions, as may be Required by Law.

D. OBLIGATIONS OF COVERED ENTITY WITH REGARD TO PRIVACY PRACTICE AND RESTRICTIONS

1. The Covered Entity shall notify the Business Associate of any limitations in its notice of privacy practices in accordance with 45 CFR Section 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.
2. The Covered Entity shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.
3. The Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Entity has agreed to in accordance with 45 CFR Section 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.

E. PERMISSIBLE REQUESTS BY COVERED ENTITY

The Covered Entity shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity.

F. COVERED ENTITY'S RESPONSIBILITIES UPON TERMINATION

1. The term of this Agreement shall be November 1, 2019 and continue until October 31, 2020. Upon termination of this Agreement, the Covered Entity shall take such necessary precautions to ensure the confidentiality of the Protected Health Information, in accordance with the provisions of 45 CFR Section 164.
2. Termination for Cause – In the event that the Covered Entity becomes aware of a material breach by the Business Associate of the terms of this Schedule B, the Covered Entity shall have the right, at its sole discretion, to proceed as follows:
 - (a) Provide an opportunity to the Business Associate to cure the breach, and end the violation within ten (10) business days. If the Business Associate does not

cure the breach and end the violation within ten (10) business days, the Covered Entity shall have the right to immediately terminate the agreement; or,

- (b) Immediately terminate the agreement if the Business Associate has breached a material term of this Schedule B, and cure is not possible; or
- (c) If neither termination of the agreement nor cure is feasible, the Covered Entity shall report the violation to the Secretary.

G. EFFECT OF TERMINATION

- 1. Upon termination of the Agreement, the Business Associate shall take all necessary precautions and extend the protections of this Agreement to all Protected Health Information, as if the Agreement were still in force and effect.
- 2. At the end of all audit and other relevant periods, as more particularly described in the RECORDS provisions of the Agreement, the Business Associate shall, if feasible, return or destroy all Protected Health Information received from or created or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form.

H. MISCELLANEOUS

- 1. Regulatory References – A reference in this Agreement to a section in the Privacy Rule or in the Mental Hygiene Law means the section as in effect or as amended.
- 2. Amendment – The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996.
- 3. Survival – The respective rights and obligations of the Business Associate with regard to this Schedule B shall survive the termination of this Agreement.
- 4. Interpretation – Any ambiguity in this Agreement shall be resolved to permit the Covered Entity to comply with the Privacy Rule.
- 5. Incorporation in the Agreement – The terms of this Schedule B are hereby incorporated into the Agreement between the parties hereto.

RESOLUTION NO. 465**AUTHORIZING AN AGREEMENT WITH CORETACTICS HEALTHCARE CONSULTING, INC. REGARDING NURSE CONSULTING SERVICES FOR SHAKER PLACE REHABILITATION AND NURSING CENTER**

Introduced: 11/12/19

By Elder Care Committee:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Coretactics Healthcare Consulting, Inc. regarding nurse consulting services for Shaker Place Rehabilitation and Nursing Center in the amount of \$150,000 for the term commencing November 1, 2019 and ending October 31, 2020, and

WHEREAS, The Department of Residential Health Care Facilities, through the County Purchasing Agent, issued a request for proposals regarding certified nursing assistant services and one proposal was received, and

WHEREAS, The Department of Residential Health Care Facilities reviewed said bid and recommended awarding a contract to Coretactics Healthcare Consulting, Inc. as the sole bidder, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Coretactics Healthcare Consulting, Inc., Albany, NY 12205 regarding nurse consulting services for Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$150,000 for the term commencing November 1, 2019 and ending October 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 - 11/12/19

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 12th day of November 2019, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 14th day of November, 2019.

A handwritten signature in cursive script, appearing to read "Paul J. Dennis".

Clerk, Albany County Legislature

Albany County Contract Management System

This Site: Albany County Contract Management System

Go Search

Home

[Albany County Contract Management System](#) > [Request for Contract Approval](#) > 5682

Request for Contract Approval : 5682

Close

[New Item](#) | [Edit Item](#) | [Delete Item](#) | [Workflows](#) | [Alert Me](#)

Request ID #

5682

Department

NH6020 - Nursing Home

Contract Type

C) County Legislative Contracts

Contract Action

C) Renewal

Contract Action Type

N) None

Resolution #

20-222

Date Submitted

8/14/2020 12:00 AM

Expiration Date

10/31/2021 12:00 AM

Contact Person

[Slatky, Larry](#)

Contact Phone

518-213-8940

Contact Email

larry.slatky@shakerplace.org

Vendor Info

Name:

Coretactics Healthcare Consulting, Inc.

Address:

250 Osborne, Albany, New York 12205

Estimated Amount

150,000.00

Estimated Term

12 months

Scope of Service

Coretactics Healthcare Consulting will work with our clinical staff to ensure that all quality measures are met, assists with policy and procedures, the AHCA Quality Awards and the CMS Five Star rating.

Budget Line	NH6020
Point 2 or 4	4
Line Item	4,046.00
Budget Line	Account Code
Point 2 or 4	
Line Item	
Budget Line	Account Code
Point 2 or 4	
Line Item	
Budget Line	Account Code
Point 2 or 4	
Line Item	
Fiscal Impact - County	1.00
Fiscal Impact - State	0.00
Fiscal Impact - Federal	0.00
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	

Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Revenue Code	Revenue Code
Revenue Line	
Capital Plan	Capital Plan:
Capital Plan - Line Item	
Anticipated in Current Budget	Yes
BID, RFP, RFQ Completed?	Yes - RFP
BID/RFP/RFQ #	RFP2019-090
Additional Comments	See attachment for current contract
Attachments	Coretactics Healthcare Consulting Resolution 222.pdf Coretactics Healthcare Consulting RLA 2020 2021 Backup Documents.pdf

DMB Section	
DMB Approval	Yes
Reason for Disapproval	<div></div>
Not to Exceed Amount	150,000.00
Date of Approval or Disapproval	8/14/2020 12:00 AM
If CAB contract, Date approved by CAB	
If Legislative contract, Date approved by Legislature	
Contract ID #	5,782

Law Section	
Law receives request to prepare contract	8/14/2020 12:00 AM
Law receives back-up documentation to prepare contract	
Law sends draft of contract to Dept for review	
Law sends final contract to department	
Law sends signed contract to CEO to sign	8/21/2020 12:00 AM
Law sends signed contract to Comptrollers office and requesting department.	8/25/2020 12:00 AM
Completed Date	8/25/2020 12:00 AM

Created at 8/14/2020 8:16 AM by [Slatky, Larry](#)
Last modified at 8/25/2020 11:25 AM by [Berghela, Teresa](#)

Close



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

DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for Title III-B Supportive Services from New York State Office for Aging. This funding will provide additional needed supportive service programs to benefit older adults living in Albany County. Title III-B supportive services funding supports programs that links seniors in Albany County with a wide range of services such as; transportation, adult day services, case management, shopping assistance, and preventative health services. These services help older adults to remain independent in their homes and communities. Additionally it helped older adults get needed services and goods during the pandemic.

Stimulus Award Amount – \$348,702.00

Term – 4/1/2021 to 9/30/2024

Funding Source – Federal – 100%

Budget Amendment – No

Revenue Account – A6772.04773

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

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2501, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for III-B Supportive Services

Date:	5/21/2021
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: \$348, 702.00

Scope of Services: Accept stimulus funding for the provision of supportive services to older adults age 60 years and older residing in Albany County such as social adults day, transportation, legal, and in-home contact and support.

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: 04773
Revenue Amount: \$348,702.00

Appropriation Account and Line: 44046
Appropriation Amount: \$348,702.00

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) 4/1/2021 - 9/30/2024
Length of Contract: 41 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: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for Title III-B Supportive Services from New York State Office for Aging. This funding will provide additional needed supportive service programs to benefit older adults living in Albany County. Title III-B supportive services funding supports programs that links seniors in Albany County with a wide range of services such as; transportation, adult day services, case management, shopping assistance, and preventative health services. These services help older adults to remain independent in their homes and communities. Additionally it helped older adults get needed services and goods during the pandemic.

5/19/2021

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER SSC6 OF THE AMERICAN RESCUE PLAN

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

Program Year - Beginning: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.044 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$0.00	1. Federal Share (see remark 1)	\$0.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	0.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00		
Subcontracts	0.00	3. Net Cost	\$0.00
Food	0.00		
Approved Costs	<u>\$0.00</u>	<u>Section III - Federal Funds Ceiling:</u>	
Less:		A. Carryover	\$0.00
Anticipated Income	0.00	B. Base Allocation	348,702.00
NSIP	0.00	C. Supplement	0.00
Net Cost	<u>\$0.00</u>	Federal Funds Ceiling (see remark 1)	<u>\$348,702.00</u>

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:

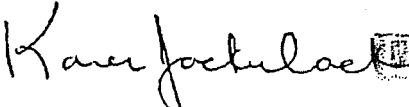
() 1. Federal reimbursement is limited to the lower of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.

(XX) 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.

(XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.

() 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.

() 5. Other:

<p>Name and Title of Authorizing Official:</p> <p>Karen Jackuback Deputy Director</p>	<p>Signature:</p> 	<p>Date:</p> <p>MAY 19 2021</p>
---	--	---------------------------------



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

DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for III-C1 Congregate Meals Program from New York State Office for Aging. This funding will provide additional needed congregate meal services to older adults in Albany County.

Stimulus Award Amount – \$228,176.00 Term – 4/1/2021 to 9/30/2024
Funding Source – Federal - 100% Budget Amendment – No
Revenue Account – A6772 . 04774

During the pandemic this past year 2020, the Albany County Department for Aging supported congregate meal sites within the county that provided 101,033 nutritious meals in the form of a grab and go concept with meals approved by a registered dietician. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless if age. The congregate meal program traditionally provides older adults with an opportunity to interact with others, thereby reducing social isolation, but during the pandemic it made sure that older adults were able to still receive nutritious meals during NYS executive order in response to the pandemic.

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

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2502, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for III-C1 Congregate Meal Program

Date:	5/21/2021
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: \$228,176.00

Scope of Services: Accept stimulus funding for the provision of congregate meal to older adults age 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: 04774
Revenue Amount: \$228,176.00

Appropriation Account and Line: 44046
Appropriation Amount: \$228,176.00

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) 4/1/2021 - 9/30/2024
Length of Contract: 41 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: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for III-C1 Congregate Meals Program from New York State Office for Aging. This funding will provide additional needed congregate meal services to older adults in Albany County.

During the pandemic this past year 2020, the Albany County Department for Aging supported congregate meal sites within the county that provided 101,033 nutritious meals in the form of a grab and go concept with meals approved by a registered dietician. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless if age. The congregate meal program traditionally provides older adults with an opportunity to interact with others, thereby reducing social isolation, but during the pandemic it made sure that older adults were able to still receive nutritious meals during NYS executive order in response to the pandemic.

5/19/2021

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER CMC6 OF THE AMERICAN RESCUE PLAN

<p>Name and Address of Area Agency:</p> <p>Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304</p>	<p>Name and Address of Sponsoring Agency/Payee:</p> <p>Albany County</p>
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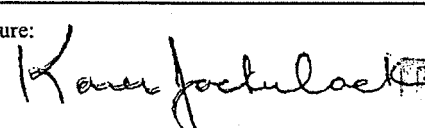
Program Year - Beginning: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.045 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$0.00	1. Federal Share (see remark 1)	\$0.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	0.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$0.00
Subcontracts	0.00	<u>Section III - Federal Funds Ceiling:</u>	
Food	0.00	A. Carryover	\$0.00
Approved Costs	\$0.00	B. Base Allocation	228,176.00
Less:		C. Supplement	0.00
Anticipated Income	0.00	Federal Funds Ceiling (see remark 1)	\$228,176.00
NSIP	0.00		
Net Cost	\$0.00		

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:

- () 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.
- (XX) 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.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- () 5. Other:

<p>Name and Title of Authorizing Official:</p> <p>Karen Jackuback Deputy Director</p>	<p>Signature:</p> 	<p>Date:</p> <p>MAY 19 2021</p>
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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

DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for III-C-2 Home Delivered Meals Program from New York State Office for Aging. This funding will provide additional needed home delivered meal services to older adults living in Albany County.

Stimulus Award Amount – \$469,632.00 **Term – 4/1/2021 to 9/30/2024**
Funding Source – Federal - 100% **Budget Amendment – No**
Revenue Account – A6772 . 04775

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services. During the pandemic this past year, the program delivered over **201,490** nutritious meals to older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community as well as serving older adults in Albany County that were able to receive nutritious meals during NYS executive order in response to the pandemic.

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

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2504, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for III-C2 Home Delivered Meal Program

Date: 5/21/2021
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: \$469,632.00

Scope of Services: Accept stimulus funding for the provision of home delivered meals 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: 04775
Revenue Amount: \$469,632.00

Appropriation Account and Line: 44453
Appropriation Amount: \$469,632.00

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) 12/27/2020 - 9/30/2022, 4/1/2021 - 9/30/2024
Length of Contract: 41 months

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

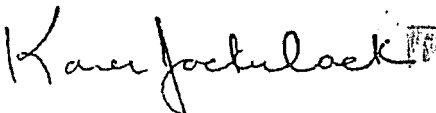
Resolution/Law Number: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for III-C-2 Home Delivered Meals Program from New York State Office for Aging. This funding will provide additional needed home delivered meal services to older adults living in Albany County.

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services. During the pandemic this past year, the program delivered over **201,490** nutritious meals to older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community as well as serving older adults in Albany County that were able to receive nutritious meals during NYS executive order in response to the pandemic.

NOTIFICATION OF GRANT AWARD UNDER HDC5 OF THE CONSOLIDATED APPROPRIATIONS ACT

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: 12/27/2020 Ending: 9/30/2022																																																					
Fiscal Year from which funds are awarded: 2021	Federal CFDA No. - 93.045	This award is New																																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Section I - Cost Categories</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><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. & 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;">0.00</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; border-top: 1px solid black;">\$0.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">0.00</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;">\$0.00</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	0.00	Food	0.00	Approved Costs	\$0.00	Less:		Anticipated Income	0.00	NSIP	0.00	Net Cost	\$0.00	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;"><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;">\$0.00</td></tr> <tr><td>2. Combined Matching Share</td><td></td></tr> <tr><td> A. In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td> B. Cash</td><td style="text-align: right;">0.00</td></tr> <tr><td> 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;">\$0.00</td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;"><u>Section III - Federal Funds Ceiling:</u></th> </tr> </thead> <tbody> <tr><td>A. Carryover</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>B. Base Allocation</td><td style="text-align: right;">128,113.00</td></tr> <tr><td>C. Supplement</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;">\$128,113.00</td></tr> </tbody> </table>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>		1. Federal Share (see remark 1)	\$0.00	2. Combined Matching Share		A. In-Kind	0.00	B. Cash	0.00	C. Volunteer Match	0.00	3. Net Cost	\$0.00	<u>Section III - Federal Funds Ceiling:</u>		A. Carryover	\$0.00	B. Base Allocation	128,113.00	C. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$128,113.00
<u>Section I - Cost Categories</u>	<u>Amount</u>																																																				
Personnel	\$0.00																																																				
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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:																																																					
<p>() 1. Federal reimbursement is limited to the <u>lower</u> of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.</p> <p>(XX) 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.</p> <p>(XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.</p> <p>() 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.</p> <p>() 5. Other:</p>																																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: MAR 30 2021																																																			

NOTIFICATION OF GRANT AWARD UNDER HDC6 OF THE AMERICAN RESCUE PLAN

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
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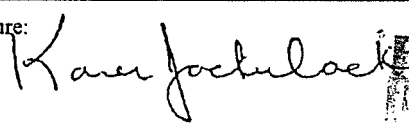
Program Year - Beginning: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.045 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$0.00	1. Federal Share (see remark 1)	\$0.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	0.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$0.00
Subcontracts	0.00		
Food	0.00	<u>Section III - Federal Funds Ceiling:</u>	
Approved Costs	\$0.00	A. Carryover	\$0.00
Less:		B. Base Allocation	341,519.00
Anticipated Income	0.00	C. Supplement	0.00
NSIP	0.00	Federal Funds Ceiling (see remark 1)	\$341,519.00
Net Cost	\$0.00		

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:

- () 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.
- (XX) 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.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- () 5. Other:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: MAY 19 2021 MAY 19 2021
---	--	-------------------------------------



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

DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for III-D Medication Management Program from New York State Office for Aging. This funding will provide additional needed Evidence Based Health Promotion, Disease Prevention, and Recreational programs. These programs provide education along with activities that support healthy lifestyles, promote healthy behaviors and improve functional status for older adults that reside in Albany County in hopes of preventing and reducing chronic disease and falls. Evidence Based Programs awarded this contract year are; Matter of Balance, Falls Talk and Substance Use Disorder Counseling.

Stimulus Award Amount – \$35,098.00
Term – 4/1/2021 to 9/30/2024
Funding Source – Federal 100%
Budget Amendment – No
Revenue Account – A6772.04776

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

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2505, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for III-D Medication Management Program

Date:	5/21/2021
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: \$
Scope of Services: \$35,098.00

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: 04776
Revenue Amount: \$35,098.00

Appropriation Account and Line: 44046
Appropriation Amount: \$35,098.00

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) 4/1/2021 - 9/30/2024
Length of Contract: 41 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: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for III-D Medication Management Program from New York State Office for Aging. This funding will provide additional needed Evidence Based Health Promotion, Disease Prevention, and Recreational programs. These programs provide education along with activities that support healthy lifestyles, promote healthy behaviors and improve functional status for older adults that reside in Albany County in hopes of preventing and reducing chronic disease and falls. Evidence Based Programs awarded this contract year are; Matter of Balance, Falls Talk and Substance Use Disorder Counseling.

5/19/2021

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER PHC6 OF THE AMERICAN RESCUE PLAN

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: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.043 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>
Personnel	\$0.00	1. Federal Share (see remark 1) \$0.00
Fringe Benefits	0.00	2. Combined Matching Share
Equipment	0.00	A. In-Kind 0.00
Travel	0.00	B. Cash 0.00
Maint. & Operations	0.00	C. Volunteer Match 0.00
Other Expenses	0.00	
Subcontracts	0.00	3. Net Cost \$0.00
Food	0.00	
Approved Costs	\$0.00	<u>Section III - Federal Funds Ceiling:</u>
Less:		A. Carryover \$0.00
Anticipated Income	0.00	B. Base Allocation 35,098.00
NSIP	0.00	C. Supplement 0.00
Net Cost	\$0.00	Federal Funds Ceiling (see remark 1) \$35,098.00

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:

- () 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.
- (XX) 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.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- () 5. Other:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: MAY 19 2021
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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

DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for Title III-E Elder Caregiver Support Program 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.

Stimulus Award Amount – \$123,060.00

Term – 4/1/2021 to 9/30/2024

Funding Source – Federal – 100%

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



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2506, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for the III-E Caregiver Support Program

Date:	5/21/2021
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: \$123,060.00
Scope of Services: Accept stimulus funding to provide caregiver services to caregivers 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: 04777
Revenue Amount: \$123,060.00

Appropriation Account and Line: 44046
Appropriation Amount: \$123,060.00

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) 4/1/2021 - 9/30/2024
Length of Contract: 41 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: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for Title III-E Elder Caregiver Support Program 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.

5/19/2021

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER FCC6 OF THE AMERICAN RESCUE PLAN

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
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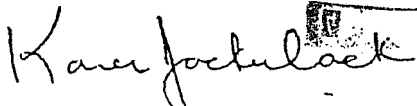
Program Year - Beginning: 4/1/2021 Ending: 9/30/2024

Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.052 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - Federal and Matching Funds:</u>	
Personnel	\$0.00	1. Federal Share (see remark 1)	\$0.00
Fringe Benefits	0.00	2. Combined Matching Share	
Equipment	0.00	A. In-Kind	0.00
Travel	0.00	B. Cash	0.00
Maint. & Operations	0.00	C. Volunteer Match	0.00
Other Expenses	0.00	3. Net Cost	\$0.00
Subcontracts	0.00		
Food	0.00	<u>Section III - Federal Funds Ceiling:</u>	
Approved Costs	\$0.00	A. Carryover	\$0.00
Less:		B. Base Allocation	123,060.00
Anticipated Income	0.00	C. Supplement	0.00
NSIP	0.00	Federal Funds Ceiling (see remark 1)	\$123,060.00
Net Cost	\$0.00		

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:

- () 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.
- (XX) 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.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative activities.
- () 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- () 5. Other:

Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: MAY 19 2021
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DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
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DEBORAH C. RIITANO
COMMISSIONER

May 21, 2021

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 stimulus funding for expanding access to COVID-19 vaccines via the aging network from New York State Office for Aging. Funding will be used to serve older adults and their caregivers for the following;

- Disseminating credible information about COVID-19 vaccines and direct to additional sources of information.
- Identify people who may need help getting a COVID-19 vaccination.
- Help with scheduling a COVID-19 vaccination appointment.
- Arrange or provide transportation to COVID-19 vaccination sites.
- Provide technical assistance to local health departments.
- Provide personal support (Peer).
- Reminding the person of their second vaccination appointment.

Stimulus Award Amount – \$38,043.00 **Term – 4/1/2021 to 9/30/2024**
Funding Source – Federal – 100% **Budget Amendment – No**
Revenue Account – A6772.04773

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

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2507, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept stimulus funding from NYSOFA for Expanding Access to COVID-19 Vaccines via the Aging Network

Date:	5/21/2021
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: \$38,043.00
Scope of Services: Accept stimulus funding to help increase vaccinations among older adults and people with disabilities.

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: A46772.04237
Revenue Amount: \$38,043.00

Appropriation Account and Line: A96772.44046
Appropriation Amount: \$38,043.00

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) 4/1/2021 - 9/30/2024
Length of Contract: 41 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: NA
Date of Adoption: NA

Justification: (state briefly why legislative action is requested)

To accept the stimulus funding for expanding access to COVID-19 vaccines via the aging network from New York State Office for Aging. Funding will be used to serve older adults and their caregivers for the following;

- Disseminating credible information about COVID-19 vaccines and direct to additional sources of information.
- Identify people who may need help getting a COVID-19 vaccination.
- Help with scheduling a COVID-19 vaccination appointment.
- Arrange or provide transportation to COVID-19 vaccination sites.
- Provide technical assistance to local health departments.
- Provide personal support (Peer).
- Reminding the person of their second vaccination appointment.

NEW YORK STATE OFFICE FOR THE AGING
 Expanding Access to COVID-19 Vaccines via the Aging Network (VAC5)
 4/1/2021-9/30/2022

PLANNING AND SERVICE AREA	PERCENT OF STATE ALLOCATION	FINAL AWARD
ALBANY	1.372%	\$38,043
ALLEGANY	0.251%	\$6,971
BROOME	1.048%	\$29,067
CATTARAUGUS	0.385%	\$10,676
CAYUGA	0.399%	\$11,062
CHAUTAUQUA	0.752%	\$20,859
CHEMUNG	0.511%	\$14,171
CHENANGO	0.292%	\$8,097
CLINTON	0.377%	\$10,457
COLUMBIA	0.341%	\$9,470
CORTLAND	0.225%	\$6,230
DELAWARE	0.304%	\$8,430
DUTCHESS	1.254%	\$34,775
ERIE	4.901%	\$135,936
ESSEX	0.218%	\$6,050
FRANKLIN	0.245%	\$6,790
FULTON	0.299%	\$8,296
GENESEE	0.300%	\$8,316
GREENE	0.280%	\$7,767
HERKIMER	0.379%	\$10,510
JEFFERSON	0.455%	\$12,626
LEWIS	0.218%	\$6,050
LIVINGSTON	0.290%	\$8,041
MADISON	0.328%	\$9,084
MONROE	3.395%	\$94,174
MONTGOMERY	0.309%	\$8,560
NASSAU	5.802%	\$160,926
NIAGARA	1.163%	\$32,251
ONEIDA	1.281%	\$35,544
ONONDAGA	2.138%	\$59,315
ONTARIO	0.516%	\$14,299
ORANGE	1.415%	\$39,249
ORLEANS	0.218%	\$6,050
OSWEGO	0.513%	\$14,219
OTSEGO	0.325%	\$9,004
PUTNAM	0.367%	\$10,183
RENSSELAER	0.672%	\$18,637
ROCKLAND	1.294%	\$35,901
ST. LAWRENCE	0.558%	\$15,481
SARATOGA	0.913%	\$25,333
SCHENECTADY	0.731%	\$20,285
SCHOHARIE	0.218%	\$6,050
SCHUYLER	0.218%	\$6,050
SENECA	0.218%	\$6,050
STEUBEN	0.525%	\$14,549
SUFFOLK	5.937%	\$164,687
SULLIVAN	0.416%	\$11,528
TIOGA	0.257%	\$7,137
TOMPKINS	0.349%	\$9,689
ULSTER	0.917%	\$25,444
WARREN/HAMILTON	0.436%	\$12,097
WASHINGTON	0.309%	\$8,563
WAYNE	0.438%	\$12,160
WESTCHESTER	4.348%	\$120,606
WYOMING	0.218%	\$6,050
YATES	0.218%	\$6,050
NEW YORK CITY	47.510%	\$1,317,821
SENECA INDIAN RES	0.218%	\$6,050
ST. REGIS MOHAWK	0.218%	\$6,050
TOTAL	100.000%	\$2,773,816



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

DEBORAH C. RIITANO
COMMISSIONER

June 2, 2021

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 – 4/1/2021 – 3/31/2022
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



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-2516, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from NYSOFA and to enter into a Memorandum of Understanding with Albany County Department of Social Services for the NY Connects Expansion and Enhancement Program

Date:	6/2/2021
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: \$363,281.00

Scope of Services: Requesting authorization for the Department for Aging and the Department of Social Services to enter into a memorandum of understanding to support the delivery of NY Connects services to older adults 60 years and older and individuals of any age with disabilities who are in need of long term services 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: \$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.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022
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: 298
Date of Adoption: 9/14/2020

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
 Program Period - 4/1/21-3/31/22

<u>Area Agency on Aging</u>	<u>Allocation</u>
Albany	\$363,281
Allegany	231,590
Broome	404,411
Cattaraugus	275,183
Cayuga	217,313
Chautauqua	406,579
Chemung	278,076
Chenango	219,319
Clinton	278,801
Columbia	147,911
Cortland	231,590
Delaware	177,825
Dutchess	455,449
Erie	603,256
Essex	231,590
Franklin	223,641
Fulton	230,867
Genesee	230,867
Greene	230,867
Herkimer	279,522
Jefferson	182,281
Lewis	232,312
Livingston	203,490
Madison	180,562
Monroe	659,765
Montgomery	198,784
Nassau	458,168
Niagara	279,637
Oneida	454,726
Onondaga	668,436
Ontario	278,801
Orange	451,834
Orleans	197,370
Oswego	259,526
Otsego	176,969
Putnam	246,889
Rensselaer	294,744
Rockland	454,726
St. Lawrence	236,995
Saratoga	405,855
Schenectady	406,579
Schoharie	231,590
Schuyler	144,194
Seneca	233,675
Steuben	217,383
Suffolk	640,968
Sullivan	278,801
Tioga	144,194
Tompkins	279,522
Ulster	257,299
Warren/Hamilton	203,636
Washington	230,867
Wayne	278,801
Westchester	653,982
Wyoming	175,982
Yates	182,777
New York City	3,752,635
Seneca Nation	122,155
St. Regis	63,152
Total	<u>\$20,738,000</u>

RESOLUTION NO. 298**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: 9/14/20

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, 2020 and ending March 31, 2021, 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, 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, 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 for the term commencing April 1, 2020 and ending March 31, 2021, 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.

Adopted by unanimous vote - 9/14/20