

County of Albany

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



Meeting Agenda

Wednesday, March 1, 2023

5:30 PM

**Harold L. Joyce Albany County Office Building
Cahill Room - First Floor**

Elder Care Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

2. AMENDING RESOLUTION 360 FOR 2021 REGARDING CONGREGATE MEAL SERVICES FOR SENIORS
3. AUTHORIZING AN AGREEMENT WITH THE NATIONAL COUNCIL ON AGING REGARDING THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM GRANT AND AMENDING THE 2023 DEPARTMENT FOR AGING BUDGET
4. AUTHORIZING AN AGREEMENT WITH CORETACTICS HEALTHCARE CONSULTING, INC. REGARDING NURSE CONSULTING SERVICES FOR SHAKER PLACE REHABILITATION AND NURSING CENTER

County of Albany

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



Meeting Minutes

Tuesday, January 31, 2023

5:30 PM

Harold L. Joyce Albany County Office Building
Cahill Room - First Floor

Elder Care Committee

PREVIOUS BUSINESS:

Present: Carolyn McLaughlin, Bill L. Ricard, Frank J. Commisso, Gary W. Domalewicz, Frank A. Mauriello and Jennifer A. Whalen

Excused: Robert J. Beston, Norma J. Chapman and Joanne Cunningham

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 NEW YORK STATE INDUSTRIES FOR THE DISABLED REGARDING ANCILLARY LAUNDRY SERVICES FOR ELIGIBLE INDIVIDUALS IN THE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM

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

3. AUTHORIZING AGREEMENTS REGARDING THE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM

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

4. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR 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.

5. AMENDING RESOLUTION NO. 361 FOR 2021 REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS

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

COUNTY OF ALBANY
DEPARTMENT FOR AGING
100 HERITAGE LANE
ALBANY, NEW YORK 12211
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

January 31, 2023

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

Dear Chairman Joyce:

The Department for Aging (DFA) requests legislative authorization to amend the contract with Colonie Senior Service Centers, to provide additional Congregate Meal Services to older adults who reside within Albany County and meet specific criteria as required by Albany County and New York State Office for Aging. Colonie Senior Service Centers shall be responsible for ensuring meals meet nutritional requirements established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

Colonie Senior Service Centers provides Congregate Meal Services to older adults at the following five (5) locations, Beltrone Living Center, Bishop Broderick, Sheehy Manor, Guilderland Congregate Dining Site, and King Thiel Senior Community. The Contractor served 17,500 meals at their congregate locations. They have requested an additional 1,000 congregate meal units totaling \$11,000.00. The original contract amount of \$192,500.00 plus the amendment amount of \$11,000.00 will bring the total contract amount to \$203,500.00.

Amendment Amount – \$11,000.00
Contract Term – 1/1/2022 – 12/31/2022
Funding Source – 75% - State, 25% - County
Budget Amendment – No
Revenue Account – Aging -AA6772, 03782

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-4037, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to amend Colonie Senior Service Centers contract for the provision of additional congregate meals.

Date:	1/30/2023
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

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):

Colonie Senior Service Centers
6 Winners Circle
Albany, New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$11,000

Scope of Services: The Albany County Department for Aging is requesting legislative approval to amend contract with Colonie Senior Service Centers for the provision of additional congregate meals for older adults 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: A36772 03782
Revenue Amount: \$8,250

Appropriation Account and Line: A96772 44046
Appropriation Amount: \$2,750

Source of Funding - (Percentages)

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

Term

Term: (Start and end date) 1/1/2022 - 12/31/2022
Length of Contract: 12 Months

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 360
Date of Adoption: 10/12/2021

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative authorization to amend the contract with Colonie Senior Service Centers, to provide additional Congregate Meal Services to older adults who reside within Albany County and meet specific criteria as required by Albany County and New York State Office for Aging. Colonie Senior Service Centers shall be responsible for ensuring meals meet nutritional requirements established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

Colonie Senior Service Centers provides Congregate Meal Services to older adults at the following five (5) locations, Beltrone Living Center, Bishop Broderick, Sheehy Manor, Guilderland Congregate Dining Site, and King Thiel Senior Community. The Contractor served 17,500 meals at their congregated locations. They have requested an additional 1,000 congregated meal units totaling \$11,000.00. The original contract amount of \$192,500.00 plus the amendment amount of \$11,000.00 will bring the total contract amount to \$203,500.00.

**NEW YORK STATE OFFICE FOR THE AGING
 COMMUNITY SERVICES FOR THE ELDERLY PROGRAM
 TENTATIVE ALLOCATION SCHEDULE - STATE FISCAL YEAR 2022-23**

PI: 22-PI-06
 Date: 04/01/2022

<u>Area Agency</u>	<u>2010 Pop. (60+)</u>	<u>Planning Implementation</u>	<u>State Services Match Required</u>	<u>State Services Match Exempt</u>	<u>Local Match Required</u>	<u>TOTAL ALLOCATION</u>
Albany	60,195	\$60,195	\$390,480	\$93,208	\$130,160	\$543,883
Allegany	10,426	20,000	67,632	16,144	22,544	103,776
Broome	44,485	44,485	288,571	68,882	96,191	401,938
Cattaraugus	15,918	20,000	103,259	24,648	34,420	147,907
Cayuga	17,062	20,000	110,679	26,419	36,893	157,098
Chautauqua	30,565	30,565	198,273	47,328	66,091	276,166
Chemung	19,339	20,000	125,451	29,945	41,817	175,396
Chenango	11,797	20,000	76,526	18,267	25,509	114,793
Clinton	15,552	20,000	100,884	24,081	33,628	144,965
Columbia	16,219	20,000	105,212	25,114	35,071	150,326
Cortland	9,246	20,000	59,978	14,317	19,993	94,295
Delaware	12,947	20,000	83,986	20,047	27,996	124,033
Dutchess	57,062	57,062	370,156	88,356	123,386	515,574
Erie	197,246	75,000	1,279,519	305,421	426,507	1,659,940
Essex	9,835	20,000	63,799	15,229	21,267	99,028
Franklin	9,358	20,000	60,705	14,490	20,235	95,195
Fulton	12,488	20,000	81,009	19,337	27,003	120,346
Genesee	12,908	20,000	83,734	19,987	27,912	123,721
Greene	11,971	20,000	77,655	18,536	25,885	116,191
Herkimer	15,022	20,000	97,446	23,260	32,482	140,706
Jefferson	18,408	20,000	119,412	28,504	39,804	167,916
Lewis	5,557	20,000	51,895	12,387	17,299	84,282
Livingston	12,840	20,000	83,292	19,882	27,764	123,174
Madison	14,426	20,000	93,580	22,338	31,194	135,918
Monroe	145,640	75,000	944,756	225,513	314,919	1,245,269
Montgomery	11,394	20,000	73,912	17,643	24,638	111,555
Nassau	283,610	75,000	1,839,756	439,149	613,252	2,353,905
Niagara	47,641	47,641	309,043	73,769	103,015	430,453
Oneida	52,282	52,282	339,149	80,955	113,050	472,386
Onondaga	91,166	75,000	591,387	141,164	197,129	807,551
Ontario	23,803	23,803	154,409	36,857	51,470	215,069
Orange	59,933	59,933	388,781	92,802	129,594	541,516
Orleans	8,698	20,000	56,424	13,468	18,808	89,892
Oswego	22,299	22,299	144,652	34,528	48,218	201,479
Otsego	14,323	20,000	92,913	22,178	30,971	135,091
Putnam	18,429	20,000	119,548	28,536	39,850	168,084
Rensselaer	31,155	31,155	202,100	48,241	67,367	281,496
Rockland	59,153	59,153	383,722	91,594	127,908	534,469
St. Lawrence	21,907	21,907	142,108	33,921	47,370	197,936
Saratoga	43,943	43,943	285,056	68,043	95,019	397,042
Schenectady	31,758	31,758	206,012	49,175	68,671	286,945
Schoharie	7,560	20,000	51,895	12,387	17,299	84,282
Schuyler	4,386	20,000	51,895	12,387	17,299	84,282
Seneca	7,717	20,000	51,895	12,387	17,299	84,282
Steuben	21,915	21,915	142,161	33,934	47,387	198,010
Suffolk	285,071	75,000	1,849,234	441,411	616,412	2,365,645
Sullivan	16,666	20,000	108,111	25,806	36,037	153,917
Tioga	11,221	20,000	72,789	17,375	24,263	110,164
Tompkins	16,042	20,000	104,063	24,840	34,688	148,903
Ulster	39,054	39,054	253,341	60,472	84,447	352,867
Warren/Hamilton	17,481	40,000	155,122	37,027	51,708	232,149
Washington	13,633	20,000	88,437	21,110	29,479	129,547
Wayne	19,328	20,000	125,380	29,928	41,794	175,308
Westchester	192,309	75,000	1,247,494	297,776	415,832	1,620,270
Wyoming	8,211	20,000	53,264	12,714	17,755	85,978
Yates	5,913	20,000	51,895	12,387	17,299	84,282
NYC	1,407,635	375,000	9,131,223	2,179,622	3,043,741	11,685,845
Sen. Nation	1,608	20,000	51,895	12,387	17,299	84,282
St. Regis	447	20,000	51,895	12,387	17,299	84,282
TOTAL	3,684,203	\$2,212,150	\$24,088,850	\$5,750,000	\$8,029,637	\$32,051,000

RESOLUTION NO. 360**AUTHORIZING AN AGREEMENT WITH COLONIE SENIOR SERVICE CENTERS REGARDING CONGREGATE MEAL SERVICES FOR SENIORS**

Introduced: 10/12/21

By Elder Care Committee, Messrs. A. Joyce, Feeney, Bruschi, Ms. Chapman, Messrs. Clay, Cleary, Commisso, Ms. Cunningham, Messrs. Efekoro, Ethier, Fein, R. Joyce, Ms. Lekakis, Mr. Mayo, Ms. McLaughlin, Messrs. Miller, Peter, Ms. Plotsky, Messrs. Reidy, Reinhardt, Ricard, Simpson, Smith, Touchette, Ward and Ms. Willingham:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Colonie Senior Service Centers regarding congregate meal services for seniors in the amount of \$192,500 for the term commencing January 1, 2022 and ending December 31, 2022, and

WHEREAS, The Department for Aging, through the County Purchasing Agent, issued a request for proposals regarding congregate meal services and has recommended awarding a contract to Colonie Senior Service Centers, and

WHEREAS, The Commissioner indicated that Colonie Senior Service Centers will serve meals that meet nutritional requirements to eligible seniors at multiple congregate locations, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Colonie Senior Service Centers, Colonie, NY 12205 regarding congregate meal services for seniors in an amount not to exceed \$192,500 for the term commencing January 1, 2022 and ending December 31, 2022, 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 – 10/12/21

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 October, 2021, 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 13th day of October, 2021.

Dee Dee Chambers

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
100 HERITAGE LANE
ALBANY, NEW YORK 12211
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7188
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

January 31, 2023

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

Dear Chairman Joyce:

The Department for Aging (DFA) requests legislative approval to accept the Supplemental Nutrition Assistance Program (SNAP) grant award from the Nation Council on Aging (NCOA) to accomplish the following objectives;

- Using a person centered approach to find and assist at least 500 eligible older adults, in completing applications for the SNAP.
- Designing a program level staff member to serve as the primary contact who will take major responsibility for working with NCOA on initiative components including the design implementation and evaluation of the project.
- Significantly increasing the participation of older adults in SNAP through community based outreach and enrollment activities.
- Increasing public awareness of older adults hunger as an issue of national and local importance, and of SNAP as an effective strategy for reducing food insecurity among older adults.
- Providing monthly reports of outreach and enrollment figures, including numbers of people assisted with enrolling in benefits, client demographics, and required interim financial and end of grant reporting.
- Participating in periodic conference calls and responding to surveys aimed at gathering information such as best practices that will help other organizations in their outreach and enrollment efforts.

Award Amount – \$25,000.00

Contract Term – 12/1/2022 – 4/30/2024

Funding Source – Federal -100%

Budget Amendment – No

Revenue Account – Aging -AA6772, 4771

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-4039, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding regarding Supplemental Nutrition Assistance Program.

Date:	1/30/2023
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):

National Council on Aging
251 18th Street, South
Suite 500
Arlington, VA 22202

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$25,000

Scope of Services: To increase the participation of older adults in Supplemental Nutrition Assistance Program (SNAP) through community based outreach and enrollment activities. The primary focus being the number of older adults who complete and submit applications for SNAP.

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 04771
Revenue Amount: \$25,000

Appropriation Account and Line: A96772 44457
Appropriation Amount: \$25,000

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) 12/1/2022 -4/30/2024
Length of Contract: 17 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)

The Department for Aging (DFA) requests legislative approval to accept the Supplemental Nutrition Assistance Program (SNAP) grant award from the National Council on Aging (NCOA) to accomplish the following objectives;

- Using a person centered approach to find and assist at least 500 eligible older adults, in completing applications for the SNAP.
- Designing a program level staff member to serve as the primary contact who will take major responsibility for working with NCOA on initiative components including the design implementation and evaluation of the project.
- Significantly increasing the participation of older adults in SNAP through community based outreach and enrollment activities.
- Increasing public awareness of older adults hunger as an issue of national and local importance, and of SNAP as an effective strategy for reducing food insecurity among older adults.
- Providing monthly reports of outreach and enrollment figures, including numbers of people assisted with enrolling in benefits, client demographics, and required interim financial and end of grant reporting.
- Participating in periodic conference calls and responding to surveys aimed at gathering information such as best practices that will help other organizations in their outreach and enrollment efforts.



NCOA PO# Assigned: _____

Grantee Agreement

This Grantee Agreement (“Agreement”) is entered into by The National Council on the Aging Inc., hereinafter referred to as “NCOA”, and Albany County Department For Aging hereinafter referred to as “GRANTEE”. The GRANTEE agrees to operate the project in accord with the terms and conditions hereof and any and exhibits included herein. This Agreement is contingent, in its entirety, on GRANTEE'S strict conformance with the terms of this Agreement.

GRANTOR		GRANTEE	
National Council on Aging 251 18 th Street, South Suite 500 Arlington, VA 22202		Albany County Department For Aging 100 Heritage Lane, Floor 5 Albany, NY 12211 Organization DUNS #: _____ State of Inc. (if diff. from above): _____ Organization Congressional District: _____ Is Org. registered in CCR: _____ Current CCR expiration: _____	
GRANTEE GRANT PERIOD	December 1, 2022 – April 30, 2024 (the “Grant Period”)		
Funds Awarded (the “Grant Funding”)			\$25,000
NCOA’s Federal Source (if applicable):	CFDA #: <u>NA</u>	NA	
Method of Payment	<input type="checkbox"/> Cost Reimbursement	<input checked="" type="checkbox"/> Advance Payment and periodic payment as follows. Initial Payment (December 2022): \$20,000 Final Payment (April 2024): \$5,000	
Approved for NCOA by:		Approved for GRANTEE by:	
NAME <u>Donna Whitt</u>		NAME <u>Deborah C. Rittano</u>	
TITLE <u>Chief Financial Officer</u>		TITLE <u>Commissioner</u>	
SIGNATURE _____		SIGNATURE <u>Deborah C. Rittano</u>	
DATE _____		DATE <u>11/28/22</u>	

APPROPRIATIONS						
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME	
A9 6772 4 4457	NCOA Senior SNAP Program	20,000.00				
TOTAL APPROPRIATIONS		<u>20,000.00</u>	<u>0.00</u>			
ESTIMATED REVENUES						
ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME	
A4 6772 0 4771	NCOA Senior SNAP Grant		20,000.00			
TOTAL ESTIMATED REVENUES		<u>0.00</u>	<u>20,000.00</u>			
GRAND TOTALS		<u>0.00</u>	<u>20,000.00</u>			



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

January 9, 2023

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 a contract with Coretactics who will provide health care services and consulting to our clinicians.

Coretactics has been providing consulting services to the staff of Shaker Place for over five years and has proven to be invaluable to our quality growth and has had a direct impact on our CMS 5-Star Rating for Quality of Care.

Coretactics was the lowest responsible bidder through the RFP process (RFP-2022-146) who will be retained for a three (3) year period commencing on March 1, 2023 for an amount not to exceed \$150,000.00 per year or \$450,000.00 for the 36 month period.

We respectfully request to enter onto this new contract with Coretactics that will permit us to continue our relationship with these professionals.

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-4002, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Coretactics Health Care Consulting for Clinicians

Date:	January 9, 2023
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, Inc.
1585 Route 146
Rexford, New York 12148

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$450,000.00

Scope of Services: Coretactics will provide health care consulting to all Shaker Place Rehabilitation and Nursing Care Center clinical staff to ensure compliance with all CMS and NYSDOH regulatory requirements, assist with NYSDOH surveys and hotline complaints, evaluate and revised policies and procedures, conduct rounds to identify improvements for quality of care and evaluate health care systems across the continuum, making recommendations for improvement.

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: Click or tap here to enter text.

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: NH6020 44069

Appropriation Amount: \$450,000.00

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Term

Term: (Start and end date) 3/1/2023 through 2/28/2026

Length of Contract: 36 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: Click or tap here to enter text.

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

Justification: (state briefly why legislative action is requested)

Coretactics has been consulting our clinical teams for over five years and has assisted with the knowledge base of staff and the ever changing government oversight of long term care, which has proven to be instrumental in our quality of care results and clinical measures of CMS and the Five Star Rating program, which is currently at the highest CMS rating. Coretactics through the RFP 2022-146 process was the lowest responsible bidder.



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

PAMELA O NEILL
PURCHASING AGENT

MEMORANDUM

TO: Larry Slatky
Executive Director- Shaker Place Rehabilitation and Nursing Center

FROM: Pamela O Neill *Pamela*
Purchasing Agent

DATE: January 9, 2023

RE: RFP-2022-146 Nursing Consulting Services

I am in receipt of your recommendation to award the aforementioned to Coretactics in the amount not to exceed \$\$450,000.00.

I have reviewed your scoring sheets and believe that you have performed a thorough evaluation of the proposal submitted. I have no objection to the selection of Coretactics.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award.



SECTION I

County of Albany

Request for Proposals
Albany County Nursing Home

RFP #2022-146
Nurse Consulting Services

Submitted by:

Coretactics, Inc.
1585 Route 146
Rexford, NY 12148
Phone: 518-280-1343

Contact:

Amy Lee, RN, BSN, MSN, CRRN, QCP
President/CEO

Date Submitted: December 19, 2022

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COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Nursing Consultant Services
RFP Number: 2022-146

THIS PROPOSAL IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter into a Contract with the owner in the form included in the Contract Documents to complete all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Proposal and in accordance with the Contract Documents.
2. Proposer accepts all of the terms and conditions of the Instructions to Proposers, including without limitation those dealing with the Disposition of Proposal Security. This Proposal may remain open for ninety (90) days after the day of Proposal opening. Proposer will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of County's Notice of Award.
3. In submitting this Proposal, Proposer represents, as more fully set forth in this Contract, that:

- (a) Proposer has examined copies of all the Contract Documents and of the following addenda: (If none, so state)

Date	Number
------	--------

(receipt of all of which is hereby acknowledges) and also copies of the Notice to Proposers and the Instructions to Proposers;

- (b) Proposer has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Proposer deems necessary;

CP1

(c) This Proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham Proposal; PROPOSER has not solicited or induced any person, firm or a corporation to refrain from Proposing; and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over the owner.

4. Proposer will complete the Work for the following prices(s): (Attach Proposal)
5. Proposer agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. Proposer agrees that the Work will be completed within the number of Calendar days or by the specific date indicated in the contract.
6. The following documents are attached to and made a condition of this Proposal:
 - (a) Non-Collusive Bidding Certificate (Attachment "A")
 - (b) Acknowledgment by Bidder (Attachment "B")
 - (c) Vendor Responsibility Questionnaire (Attachment "C")
 - (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Proposal shall be addressed to:

Amy Lee, President/CEO

1585 Route 146, Rexford, NY 12148

Phone: 518-280-1343

8. Terms used in this Proposal have the meanings assigned to them in the Contract and General Provisions.

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Nursing Consulting Services
RFP Number: 2022-146

COMPANY: Coretactics, Inc.

ADDRESS: 1585 Route 146

CITY, STATE, ZIP: Rexford, NY 12148

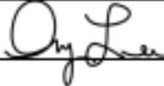
TEL. NO.: 518-280-1343

FAX NO.: N/A

FEDERAL TAX ID NO.: 47-2835707

REPRESENTATIVE: Amy Lee, President/CEO

E-MAIL: amy.lee@core-tactics.com

SIGNATURE AND TITLE 

DATE 12/19/22

CP3

SECTION II: QUALIFICATION/EXPERIENCE

3.1 Provide the name, a brief history and description of your firm.

Headquartered in Rexford, New York, Coretactics™, Inc. is a privately owned consulting company established in 2014. With an overall goal of improving quality outcomes and regulatory compliance, our consulting services focus on developing effective management teams, policy & procedures, quality improvement processes and staff training/clinical competency programs.

In addition, we offer a number of focused services and training programs allowing skilled nursing and assisted living facilities to achieve internal strategic goals and reach their desired level of quality excellence:

Process Analysis & Systems Development

- Policy & Procedure
- Quality Assurance Performance Improvement (QAPI)
- Continuous Survey Readiness Systems
- Risk Management
- Survey Plans of Correction
- CMS Quality Measures / CMS Five Star Rating
- Survey Readiness Audits
- MDS 3.0 & Quality Measure
- AHCA National Quality Award (For details, visit www.ahcancal.org.)

Training

- Reducing Re-hospitalizations
- Antipsychotic Medication Reduction
- MDS 3.0/CAAs/Care Planning
- Root Cause Analysis (RCA)
- Dementia Care & Management
- Falls Prevention
- Incidents & Accidents
- Wound Care – Pressure Ulcer Management
- Restraint Reduction / Alarm Reduction
- End-of-Life Care and Advanced Care Planning
- Leadership/Management Skills

Please visit www.core-tactics for more detail on service offerings.

3.2 Identify your firm’s professional staff members who will be involved in the County engagement and the experience each possess and the location of the office from which each work.

Professional staff member who will be involved in engagement:	Amy E. Lee, RN, BSN MSN, CRRN, QCP President/CEO Coretactics, Inc.
Primary office location:	1585 Route 146 Rexford, NY 12148
Main office telephone number:	Office: 518-280-1343 Cell: 518-361-0233

Experience

Amy Lee is an experienced Registered Nurse with a Master’s in Nursing and a Certification in Nursing Rehabilitation. She brings her decades of experience in acute and long-term care together in a holistic approach to health care management. Her clinical experience includes an extensive acute and long-term care background with a specialty in orthopedics, clinically complex geriatrics, long-term & sub-acute care, traumatic brain injury and rehabilitative services.

She is the founder and President/CEO of Coretactics Healthcare Consulting providing leadership and vision for clinical development, building effective management teams, policy and process development, regulatory compliance and quality improvement. She has established a best practice approach utilizing up-to-date clinical practice, complex continuous quality improvement tracking systems and is a Senior Examiner Team Leader for the National AHCA Quality Award Program.

She promotes the development of innovative practices in falls management, wound care, antipsychotic medication reduction and reduction of re-hospitalizations just to name a few. Her experience with MDS utilization as it relates to coding accuracy, Quality Measures and PPS & Case Mix reimbursement allows her to provide guidance in individualized care planning, regulatory compliance and RUG utilization.

Amy’s expertise has made her a sought-after national speaker and trainer by a number of well-respected local and national associations including AHCA, NYSHFA, RIHCA, VTHCA, NHHCA, MHCA, VTHCA and many other state and local professional associations and ownership groups. Her topics range from reducing re-hospitalizations, QAPI, VBP, QRP, CMS Five Star, medication reconciliation, nursing leadership, approaches to quality improvement, infection control program development and innovative approaches to person-centered care and dementia care.

RESUME

*Amy E. Lee, RN, BSN, MSN, CRRN
50 Northern Turnpike
Johnsonville, New York 12094
(518) 753-0341*

Work Experience:

2014-Present Coretactics Healthcare Consulting, Inc., Johnsonville, NY

CEO, President

Healthcare consulting services for Skilled Nursing and Assisted Living Facilities with a primary focus on improving quality and reimbursement outcomes.

2003-2014 Capital Living & Rehabilitation Centres, Schenectady, NY

Director of Quality Initiatives and Clinical Development

Member of the Senior Management team providing clinical and operational oversight to eight LTC/sub-acute facilities. Responsible for continued growth of clinical & rehabilitation services, compliance, performance improvement and policy/program development.

2000–2003 McClellan Health System, Cambridge, NY

Executive Director of Patient Care Services/CNO, 2001-2003

Senior Manager for Emergency Room, Acute Care, Skilled Nursing Facility, Infection Control, Quality Management, Cardiopulmonary, Physical/Speech/Occupational Therapy, Pharmacy, Cardiac Rehabilitation, Dietary, Nutritional Services, Case Management and Nursing services.

Director of Nursing, 2000-2001

Management of nursing and interdisciplinary communication for 40 bed SNF/Sub-acute Unit; development and implementation of policy and procedures; development of nursing career ladder and continuing education program. Successfully decreased NYS DOH survey deficiencies from thirteen to two.

1993–2000 Highgate Manor, Troy, New York

Program Director, 1998-2000

Management of interdisciplinary team; budgetary and staffing responsibilities for all departments supervised; program development; policies and procedures; quality improvement; regulatory compliance for NYS/JCAHO; development and execution of marketing plan.

Clinical Evaluator, 1996-1998

On-site clinical evaluations; hospital and physician marketing for a 40 bed subacute unit, 30 bed pediatric subacute/TBI unit, 20 bed young adult TBI unit and 80 bed long term care unit.

Staff Nurse, Nursing Supervisor, Nurse Manager, 1993-1996

Per diem Staff Nurse/Nurse Manager and full-time weekend Nursing Supervisor of a 40 bed subacute/80 bed skilled nursing facility.

1993-1996 St. Mary’s Hospital, Troy, New York

Staff Nurse –Oncology, Pediatric, Diabetic, and Progressive Care Units.
Charge Nurse – Acute care orthopedic/medical surgical unit.

1992-1993 Albany Medical Center Hospital/Albany Family Practice Group, Albany, New York

Assistant Head Nurse – Management of resident medical physicians, Nurse Practitioners, Certified Nursing Assistants, and clerical staff. Assist 15+ physicians for outpatient procedures and routine office visits/procedures.

1991-1992 Samaritan Hospital, Troy, New York

Staff Nurse – 40 bed Orthopedic/Medical Surgical Unit

Education:

Samaritan Hospital School of Nursing
2215 Burdett Avenue
Troy, New York 12180

1991- Associates Degree in Nursing

Saint Joseph's College of Maine
278 Whites Bridge Road
Standish, ME 04084-5263

2009 - Bachelor of Science in Nursing
2012 - Master of Science in Nursing
(specialization in Nursing
Administration)

Organizations and Certifications:

- American Health Care Association (AHCA) Senior Examiner, Team Leader – National Quality Award Program (2010 – ongoing)
- Certified Rehabilitation Registered Nurse (CRRN).
- A member of the Association of Rehabilitation Nurses (ARN).
- NYS PRI Certification.
- MDS 3.0 Certified.
- Oasis Program – Master Trainer (Person centered approach to dementia care)
- QAPI Certified Professional (QCP)
- A member of the American Assoc. of Post-Acute Care Nursing (AAPACN)
- Assoc. Member of: New York State Health Facilities Assoc. (NYSHFA); Maine Healthcare Assoc (MHCA); Massachusetts Senior Care Assoc; New Hampshire Healthcare Assoc (NHHCA); Health Care Assoc. of New Jersey (HCANJ)
- Assoc. Member of American College of Health Care Administrators (ACHCA)
- Board of Directors, Albany Med Health System

SECTION III: REFERENCES

3.3 Name and title of person(s) authorized to bind the Proposer, together with the main office address, and telephone number.

Professional staff member who will be involved in engagement:	Amy E. Lee, RN, BSN MSN, CRRN President/CEO Coretactics, Inc.
Primary office location:	1585 Route 146 Rexford, NY 12148
Main office telephone number:	Office: 518-280-1343 Cell: 518-361-0233

3.4 Detail your firm’s experience with projects that involved the quality improvement in the overall organization and management of a nursing department.

Coretactics provides healthcare consulting services built upon their mission statement:

“Coretactics™ is a quality-driven consulting service that implements proven systems and processes into daily operations to achieve positive outcomes in resident care, regulatory compliance, and the financial well-being of health care organizations. Through the proper integration of evidence-based tools, education, and side-by-side training into existing client approaches, it is our mission to bring organizations to a new level of excellence.”

Involvement with local NYS and National organizations such as NYSHFA, RIHCA, VTHCA, AHCA, HCANJ, MHCA, NHHCA, Mass. Sr. Care Assoc, AAPACN and ARN, in addition to participating in the AHCA National Quality Award program over the past eleven years, is an attestation to our commitment and high level of expertise in quality improvement.

Our client approach has proven effective in stand-alone and multi-facility organizations. Using a tiered approach, beginning with an initial analysis of an organization's leadership team abilities, their understanding of quality improvement/performance improvement (QAPI) and their current systems/processes, our firm creates a gap analysis and structured work plans for improvement in targeted areas. Project outcomes are duly driven to not only improve quality outcomes and processes but to also create a structure that sustains these improvements. We work side-by-side with our clients in a train-the-trainer approach throughout and have proven positive results in client's CMS Five Star Rating, CMS Annual Surveys, CASPER Quality Measures, NYS Nursing Home Quality Initiative and National Quality Award recognition just to mention a few.

Testimonial...

"I have had the pleasure of knowing Amy Lee for over 12 years and she is an outstanding person to work with. Her intelligence, solid clinical skills and "can do" upbeat personality inspires staff to perform at levels they never envisioned.

Amy is a person who has the ability to turn any difficult challenge, in a short period of time, into a positive outcome. Her approach is a strong emphasis on quality, how to achieve it and most importantly maintain it with sound systems of monitoring. She is respected by everyone and has the ability to teach at any level. She would be a great asset to engage in any organization with her problem solving abilities and quality programs."

Multi-facility Owner and CEO, NY

3.5 Provide at least two (2) references from similar projects including name, addresses and telephone numbers.

Stephen Hanse, Esq.
President & CEO
New York State Health Facilities Association
333 Elk Street, Suite 300
Albany, NY 12207
518-462-4800 x11
shanse@nyshfa-nyscal.org

Jackie Pappalardi, RN, MS
Executive Director, Foundation for Quality Care
New York State Health Facilities Association
333 Elk Street, Suite 300
Albany, NY 12207
518-462-4800 x20
jpappalardi@nyshfa-nyscal.org

Sheila McGarvey, Director - Division of Nursing Homes and Surveillance
875 Central Avenue
Albany, NY 12206
518-408-1267
SheilaMcGarvey@health.ny.gov

3.6 Provide any additional information that would distinguish your firm in its service to Albany County.

Amy Lee, President/CEO of Coretactics, is an active participant on the Board of Directors for the Albany Med Health System.

3.7 Proposer shall include a completed “Vendor Responsibility Questionnaire” (Attachment “C”) with the Proposal.

See page 19

SECTION IV: PLAN IMPLEMENTATION

Scope of Services:

Albany County Nursing Home's objectives are:

1. Focus on continuous quality improvement and enhancement of publicly reported outcomes, both Federal and NYS.
2. Develop processes and programs to ensure ongoing regulatory compliance with CMS Requirements of Participation.
3. Continue the quality improvement journey through the AHCA/NCAL Quality Award Program and/or JCAHO Accreditation.
4. Continue to strengthen workforce development initiatives with a focus on nursing leadership skills, clinical competency and workforce retention.
5. Continued process improvement through evidence-based practices.

CORETACTICS, INC.
CONSULTING RECOMMENDATIONS

Recommendation:

4.1 Scope of Services - General

Coretactics will assess and identify opportunities to enhance publicly reported quality outcomes, work collaboratively with leadership and staff development to address workforce development and retention efforts, develop processes to ensure compliance with Federal and NYS regulatory changes and provide guidance in the development of the AHCA/NCAL Quality Award – Gold Application and/or JCAHO Accreditation.

4.2 Scope of regulatory compliance

- Design a facility specific Continuous Survey Readiness system utilizing the Critical Element Pathways developed by Center for Medicare and Medicaid Services (CMS) and utilized by the NYS Survey Team, historical survey deficiencies and current high-risk/common deficiency areas in NYS.
- Work collaboratively with the DON/designee to implement this survey readiness process and integrate it into the facilities current Quality Assurance process.
- Work collaboratively with facility leadership to develop and implement processes to ensure regulatory compliance.

4.3 Scope of quality improvement

- Assess and conduct a gap analysis of current data collection methods in an effort to assist the leadership team to have efficient ongoing monitoring systems for key outcomes.
- Assess and identify opportunities for improvement in all Federal and State quality outcomes including: VBP, QRP, NYS NHQI, CMS 5 Star and CASPER Reports).
- Provide staff education to improve Federal and State quality outcomes and work collaboratively with leadership staff to implement processes to sustain improvements.
- Educate leadership staff on the intent and criteria for the AHCA Silver Quality Award and/or JCAHO.

4.4 Scope of workforce development

- Initial and ongoing meetings throughout project with the Director of Nursing & key nursing/medical leadership (Assistant Director of Nursing, RN Supervisors, RN Managers, In-service Educator, Infection Control Nurse, Medical Director & QAPI Coordinator) to identify opportunities for workforce development.

- Work collaboratively with the DNS, ADON, QAPI Coordinator to provide ongoing education and guidance to ensure all internal investigations are investigated thoroughly, root cause analysis is conducted, corrective actions are identified & implemented to rule out abuse, neglect, mistreatment and exploitation.
- Conduct an ongoing review of organizational policies to identify areas for enhancement based on evidence based clinical processes & regulatory requirements
- Work with the Staff Development Coordinator to identify priority staff training topics and competency needs that will enhance to overall quality of resident care
- Assess current knowledge base and develop a workplan for the Infection Preventionist that will ensure regulatory compliance with recent regulatory updates for infection prevention /control and antibiotic stewardship
- Work collaboratively with the Executive Director and Director of Nursing to provide routine education to the ADON an RN Supervisors in an effort to enhance management skills and improve quality of care.

Subsequently, Coretactics will provide GAP analysis and feedback to the Administrator and Nursing Administrative staff that includes:

- Propose recommendations for policy revision/removal, based on GAP analysis
- Develop competencies based on facility policy that correlate with identified opportunities
- Provide education and a proposed process based on QAPI Process assessment
- Propose tools for QAPI data collection and educate staff on proper utilization to enhance performance in key clinical areas
- Develop clinical competencies based on current/revised policies and procedures
- Propose process for Continuous Survey Readiness to promote regulatory compliance

SECTION V: COST PROPOSAL

PROJECT INVESTMENT

Plan completion over 12 month project -- \$150,000**

**Project investment includes travel and all out-of-pocket expenses.

**Twelve (12) monthly payments of \$12,500.00 will be billed at the end of each month

SECTION VI: MANDATORY DOCUMENTATION

Attachment A.....Non-Collusive Bidding Certificate

Attachment B.....Acknowledgment by Proposer

Attachment C.....Vendor Responsibility Questionnaire

Attachment D.....Iranian Energy Divestment Certification

ATTACHMENT "A"
NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO
SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

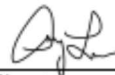
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



Signature

President/CEO

Title

Coretactics, Inc.

Company Name

12/19/22

Date

ATTACHMENT "B"
ACKNOWLEDGMENT BY PROPOSER

If Individual or Individuals:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Corporation:

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

On this 16th day of December, 2022, before me personally appeared Amy Lee to me known, who, being by me sworn, did say that he resides at (give address) 50 Northern Turnpike, Johnsonville, NY 12094; that he is the (give title) President/CEO of the (name of corporation) Coretactics, Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.

Mary Lou Doney
Mary Lou Doney
Notary Public, State of New York
No. 01DU6282185
Qualified in Rensselaer County
Commission Expires May 20, 2025

Mary Lou Doney
Notary Public, State of New York
Qualified in Rensselaer
Commission Expires May 20, 2025

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 20____, before me personally came _____ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of _____ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

**ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Coretactics, Inc.		3. IDENTIFICATION NUMBERS a) FEIN # 47-2835705 b) DUNS #	
4. D/B/A - Doing Business As (if applicable) & COUNTY FIELD: N/A		5. WEBSITE ADDRESS (if applicable) www.core-tactics.com	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 1585 Route 146, Rexford, NY 12148		7. TELEPHONE NUMBER 518-280-1343	8. FAX NUMBER N/A
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i> N/A		10. TELEPHONE NUMBER N/A	11. FAX NUMBER N/A
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name Amy Lee Title President/CEO Telephone Number 518-280-1343 Fax Number e-mail amy.lee@core-tactics.com			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Amy Lee	TITLE President/CEO	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRICIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individuals name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

16.	<p>WITHIN THE PAST (3) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:</p>	
a)	<p>1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
b)	<p>been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
c)	<p>been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:</p> <p>1. federal, state or local health laws, rules or regulations.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
17.	<p>IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES, HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
18.	<p>DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:</p> <p>a) file returns or pay any applicable federal, state or city taxes? <i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance? <i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p> <p>c) Property Tax <i>Indicate the years the vendor failed to file.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
19.	<p>HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES, WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?</p> <p>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
20.	<p>IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATE(S) :	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;		
Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.		

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

**ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FHIN #

State of: NY)
County of: Rensselaer) ss:


CERTIFICATION:

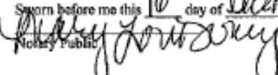
The undersigned recognizes that this questionnaire is submitted for the express purpose of assisting the County of Albany in making a determination regarding an award of contract or approval of a subcontract; acknowledges that the County may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

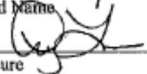
- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information ad belief;
- Is knowledgeable about the submitting vendor's business and operations;
- Understands that Albany County will rely on the information supplied in the questionnaire when entering into a contract with the vendor;
- Is under duty to notify the Albany County Purchasing Division of any material changes to the vendor's responses.

Name of Business Coretactics, Inc.
Address 1585 Route 146
City, State, Zip Rexford, NY 12148

Signature of Owner 
Printed Name of Signatory Amy Lee
Title President/CEO

Sworn before me this 16th day of December, 2022

Notary Public

Mary Lou Doney
Notary Public, State of New York
No. 010002218E
Qualified in Rensselaer County
Commission Expires May 20, 2025

Amy Lee
Printed Name

Signature
12/14/22
Date

Attachment "D"
Certification Pursuant to Section 103-g
Of the New York State
General Municipal Law

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
 2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

President/CEO

Title

Coretactics, Inc.

Company Name

12/19/22

Date

Attachment E

Client#: 1672252		CORETINC					
ACORD™		CERTIFICATE OF LIABILITY INSURANCE					
		12/19/22					
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).</p>							
PRODUCER USI Insurance Services LLC 333 Glen Street, Suite 302 Glens Falls, NY 12801		CONTACT NAME: Peggy Foote PHONE (A/C No., Ext.): 845-285-3619 FAX (A/C No.): 610-537-2231 E-MAIL ADDRESS: peggy.foote@usi.com					
		INSURER(S) AFFORDING COVERAGE					
		NAIC #					
INSURED Coretactics Inc 50 Northern Tpke Johnsonville, NY 12094-3307		INSURER A : Selective Insurance Company of America 12572 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :					
COVERAGES		CERTIFICATE NUMBER:					
		REVISION NUMBER:					
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>							
INSR LTY	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:			S2230601	09/06/2022	09/06/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proposal Number: <div style="text-align: center; font-size: 1.2em;">RFP 2022-146</div>							
CERTIFICATE HOLDER				CANCELLATION			
Albany County 112 State Street Albany, NY 12207				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 			
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ACORD 25 (2016/03)		1 of 1		The ACORD name and logo are registered marks of ACORD		HYTZS	
#S37032082/M37031966							



DANIEL P. McCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET – ROOM 1000
ALBANY, NEW YORK 12207-2021
(518) 447-7140 - FAX (518) 447-5588
WWW.ALBANYCOUNTY.COM

DAVID M. LATINA
COMMISSIONER OF GENERAL SERVICES

PAMELA O'NEILL
PURCHASING AGENT

MEMORANDUM

TO: Larry Slatky
Shaker Place Rehabilitation and Nursing Center

FROM: Alaina Nuvola
Purchasing Division

DATE: January 9, 2023

RE: RFP #2022-146
Nursing Consulting Services

Enclosed is a copy of the proposal submitted by Coretactics in response to RFP #2022-146 Nursing Consulting Services.

Please evaluate the proposal to determine if the requirements of the RFP are met, and forward your comments and/or recommendation for award to Purchasing. As this was the only proposal received, it is not necessary to do a formal scoring evaluation.

If I can provide any additional assistance, please feel free to contact me.

enc.