County of Albany

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



Meeting Agenda

Thursday, April 27, 2023 5:00 PM

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

Health Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

- 2. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING THE IMMUNIZATION ACTION PLAN GRANT PROGRAM
- 3. AMENDING THE 2023 DEPARTMENT OF MENTAL HEALTH BUDGET: PERSONNEL CHANGES
- **4.** AUTHORIZING AN AGREEMENT WITH ELLIS HOSPITAL REGARDING MORGUE AND LABORATORY SERVICES

County of Albany

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



Meeting Minutes

Thursday, March 30, 2023 5:00 PM

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

Health Committee

PREVIOUS BUSINESS:

Present: Raymond F. Joyce, Dustin M. Reidy, Robert J. Beston,

Zach Collins, Alison McLean Lane, Matthew J. Miller,

Sean E. Ward and Wanda F. Willingham

Excused: Frank A. Mauriello

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 AUSTIN AIR SYSTEMS FOR THE PURCHASE OF 1,000 AIR PURIFIERS FOR CHILD CARE CENTERS AND DAYCARES IN ALBANY COUNTY

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

3. AMENDING RESOLUTION NO. 184 FOR 2019 REGARDING THE TUBERCULOSIS PREVENTION AND CONTROL PROGRAM AND AMENDING THE 2023 DEPARTMENT OF HEALTH BUDGET

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

4. AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE GOVERNOR'S TRAFFIC SAFETY COMMITTEE REGARDING THE GENERAL HIGHWAY SAFETY GRANT PROGRAM

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

5. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS REGARDING THE NEW YORK STATE OPIOID SETTLEMENT FUND

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

6. AMENDING RESOLUTION NO. 465 FOR 2021 REGARDING WORKFORCE DEVELOPMENT FUNDING FROM THE NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

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

DEPARTMENT OF HEALTH

COUNTY OF ALBANY 175 GREEN STREET ALBANY, NEW YORK 12202

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

ELIZABETH F. WHALEN, MD, MPH Commissioner of Health

MARIBETH MILLER, BSN, MS Deputy Commissioner of Health

RANSOM E. MOORE III
Assistant Commissioner of Finance and
Administration

March 28, 2023

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

Dear Chairman Joyce:

The Albany County Department of Health has received notification from the NYS Department of Health of continued grant funding for the Immunization Action Plan Grant Program. The program seeks to remove barriers to immunization and to ensure that 90% of all children in Albany County are completely immunized by their second birthday.

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Elizabeth F. Whalen, MD, MPH

Commissioner of Health

cc: Hon. Dennis Feeney, Majority Leader

Hon. Frank A. Mauriello, Minority Leader Rebekah Kennedy, Majority Counsel Arnis Zilgme, Minority Counsel

Enclosures



Albany County Department of Health is nationally accredited and meets rigorous public health standards set forth to best meet the needs of our community.



County of Albany

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

Legislation Text

File #: TMP-4150, Version: 1	
REQUEST FOR LEGISLATIVE ACT	ION
Description (e.g., Contract Authori	zation for Information Services):
Immunization Action Plan Grant App	oval and Contract Authorization
Date:	March 28, 2023
Submitted By:	Dr. Elizabeth Whalen
Department:	Health
Title:	Commissioner of Health
Phone:	518-447-4642
Department Rep.	
Attending Meeting:	Dr. Elizabeth Whalen
Purpose of Request:	
☐ Adopting of Local Law	
☐ Amendment of Prior Legislation	
☐ Approval/Adoption of Plan/Proced	ure
☐ Bond Approval	
☐ Budget Amendment☒ Contract Authorization	
☐ Countywide Services	
☐ Environmental Impact/SEQR	
☐ Home Rule Request	
☐ Property Conveyance	
☐ Other: (state if not listed)	
CONCERNING BUDGET AMENDM	ENTS
	<u></u>
Increase/decrease category (choose	se all that apply):
☐ Contractual	
☐ Equipment	
☐ Fringe	
☐ Personnel	

File #: TMP-4150, Version: 1	
☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	
CONCERNING CONTRACT AUTHORI	ZATIONS
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☒ Grant Acceptance Submission Date Deadline 4/27/2 ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	2023
Contract Terms/Conditions:	
Party (Name/address): NYS Dept of Health Empire State Plaza, Corning Plaza Albany, NY 12237	
Additional Parties (Names/addresses):	
Amount/Raise Schedule/Fee: Scope of Services: Bond Res. No.:	\$784,360 Provide childhood vaccines and continue vaccine outreach.
Date of Adoption:	
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ☑ No ☐ Article 6 of PHL Part 40 of Title 10 of NYSCRR
Is there a Fiscal Impact:	Yes ⊠ No □

File #: TMP-4150, Version: 1

Anticipated in Current Budget: Yes ⊠ No □

County Budget Accounts:

Revenue Account and Line: A4010 03423 Immunization - NYS

A4010 04407 Immunization - Fed

Revenue Amount: \$643,175 NYS / \$141,185 Federal

Appropriation Account and Line: Various

Appropriation Amount:

Source of Funding - (Percentages)

Federal: 18% State: 82%

County: Local:

Term

Term: (Start and end date)

April 1, 2023-March 31, 2028

Length of Contract: 5 years

Impact on Pending Litigation Yes □ No ☒

If yes, explain:

Previous requests for Identical or Similar Action:

Resolution/Law Number: Resolution 18-156

Date of Adoption: 4/9/2018

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

The Albany County Department of Health has received notification from the NYS Department of Health of continued grant funding for the Immunization Action Plan Grant Program. The program seeks to remove barriers to immunization and to ensure that 90% of all children in Albany County are completely immunized by their second birthday. This grant is a sub award from NYS under a larger federal grant program.



Governor

JAMES V. McDONALD, M.D., M.P.H. Acting Commissioner MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

3/21/2023

Albany County Department of Health 175 Green Street P.O. Box 678 Albany, New York 12201-0678 Attention: Dr. Elizabeth Whalen

Re: Non-competitive procurement award 20266-Immunization Action Plan

Dear Dr. Elizabeth Whalen,

Congratulations! I am writing to inform you that the Albany County Department of Health has been selected for an award under the above referenced non-competitive procurement.

The award amount is <u>\$784,360.00</u> for the anticipated contract period of 4/1/2023-3/31/2028. Final grant awards are contingent on the review and approval of the Office of the State Comptroller (OSC).

The required timeline for on-time execution of this contract is outlined below. An on-time contract allows the grantee to receive a contract advance (if applicable) and prompt payment of vouchers. Grantees have approximately **15 days** from the date of this letter to submit all required contract documents in the Grants Gateway. If the budget, workplan and supporting documents are not submitted in the scheduled number of calendar days, your agency may receive a Suspension of Prompt Contracting* letter. Failure to meet the timeframes below may result in a late contract, and/or delayed payments to the grantee.

Your contract will be available in the Grants Gateway shortly. Please check your task list.

Required Process Step	Responsible	Timeframe
Log into Grants Gateway and compete required information for	Grantee	4/6/2023
workplan and budget. Upload required supporting documentation		
(Workers Comp, Disability, MWBE). Update Vendor		
Responsibility questionnaire on OSC's website.		
Then change status to Contract Information Submitted.		
Program Manager Review and Approval – during this time	State Agency	4/14/2023
additional edits by the grantee may be required.		
Contract Manager Review and Approval - final contract	State Agency	4/21/2023
documents approved prior to signatures		
Grantee Signature	Grantee	4/27/2023
	Contract	
	Signatory or	
	System	
	Administrator	

Contract Package Validation - vendor responsibility verification and all internal agency approvals.	State Agency	5/3/2023
Agency Signature	State Agency	5/11/2023
To Attorney General and OSC	State Agency	5/26/2023
Contract Executed before the contract start date of 4/1/2023	OSC	6/10/2023

All contractors are strongly encouraged to complete Grants Gateway training. Trainings are posted to <u>Grants Management | Grants Management (ny.gov)</u>.

We look forward to working with you on the successful implementation of the project. Your Program Manager will be contacting you shortly to check on your status of the required documents. If you have any questions, or concerns before that time, please call the Administration Unit at the Bureau of Immunization at 518-473-4437 or email ImmAdmin@health.ny.gov.

Sincerely, Han M. Connelly

Kara Connelly Assistant Director

Bureau of Immunization

Please be advised, in accordance with Office of Management and Budget requirements, this contract is a sub award under the following Federal Award:

- Subrecipient name (which must match the name associated with its unique entity identifier);
- Subrecipient's unique entity identifier;
- Federal Award Identification Number (FAIN);
- Federal Award Date (see §200.39 Federal award date) of award to the recipient by the Federal agency;
- Subaward Period of Performance Start and End Date;
- Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (amount to be budgeted on the current year's matrix for the FAIN# indicated above);
- Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current obligation (life to date cumulative amount on the FAIN# above);
- Total Amount of the Federal Award committed to the subrecipient by the passthrough entity (five year or total contract value, regardless of FAIN);
- Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
- Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;
- CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;
- Identification of whether the award is R&D; and
 - Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).
 - An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f);

^{*}New York State Prompt Contracting Law establishes timeframes for processing new and renewal contracts and provides for interest payments when contract payments are late due to untimely processing of contracts. If there are delays in the contract process on the part of the contractor, it would render the contractor ineligible for interest for the number of days of delay.

RESOLUTION NO. 156

AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH REGARDING THE IMMUNIZATION ACTION PLAN

Introduced: 4/9/18

By Health Committee, Mss. Chapman and Willingham:

WHEREAS, The Commissioner of the Albany County Department of Health has been notified by the NYSDOH that funding is available for the provision of the Immunization Action Plan for the period April 1, 2018 through March 31, 2019, and

WHEREAS, This grant provides funding that removes barriers to immunization and to ensure that at least 90% of all children in Albany County are completely immunized by their second birthday, and

WHEREAS, The Commissioner has requested authorization to enter into a multi-year agreement with the NYS Department of Health to provide services in support of the Immunization Action Plan for the period April 1, 2018 through March 31, 2023, and

WHEREAS, The Commissioner has also requested authorization to enter into the first year of this multi-year agreement with the NYS Department of Health commencing April 1, 2018 and ending March 31, 2018 in the amount of \$154,423, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into a multi-year agreement with the NYS Department of Health regarding the Immunization Action Plan commencing April 1, 2018 through March 31, 2023, and, be it further

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into the first year of this multi-year agreement with the NYS Department of Health commencing April 1, 2018 through March 31, 2019 in an amount not to exceed \$154,423, 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. 4/9/18

cc: Shanna Witherspoor Manie Ostoyich Bout Bodon 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 9th day of April, 2018, 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 10th day of April, 2018.

Clerk, Albany County Legislature



Daniel P. McCoy County Executive

Daniel C Lynch, Esq.
Deputy County Executive

COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
WWW.ALBANYCOUNTY.COM

Stephen J. Giordano, Ph.D. Director of Mental Health

Cindy G. Hoffman, LCSW-R Deputy Director

March 29, 2023

Hon. Andrew Joyce, Chairman Albany County Legislature 112 State St., Rm. 710 Albany, NY 12207

Dear Chairman Joyce,

The Mental Health Department requests permission to amend our 2023 budget in order to upgrade five Staff Social Worker vacancies to Staff Social Worker II positions. It has become more challenging to recruit and retain individuals working in this capacity. In order to best serve individuals in Albany County who suffer from severe and persistent behavioral health challenges it is essential that we have qualified professionals. We are proposing to use vacant Staff Social Workers lines for the upgrade. This will allow for both improved recruitment and retention of experienced healthcare professionals by creating additional positions with an improved career trajectory for those employed in this department.

Feel free to contact Michael Fitzgerald or me if you have any questions concerning this request.

Sincerely.

Stephen Giordano, Ph.D.

Director

cc:

Hon. Dennis A. Feeney, Majority Leader Hon. Frank A. 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-4156, Version : 1	
REQUEST FOR LEGISLATIVE ACTION	N
Description (e.g., Contract Authorizat The Department of Mental Health reque	ion for Information Services): sts permission to amend our 2023 budget.
Date:	March 29, 2023
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Budget Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Director
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 AMENDMEN	<u>rs</u>
Increase/decrease category (choose a □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	all that apply):

File #: TMP-4156, Version: 1	
☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	See Attached Spreadsheet Vacant Staff Social Worker Lines Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ 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): Click or tap here to enter text. Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes □ No ⊠
County Budget Accounts:	

File #: TMP-4156, Version: 1

Revenue Account and Line: N/A

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: Please see attached spreadsheet

Appropriation Amount: \$227,795

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 5/1/23-12/31/23

Length of Contract: 8 months

Impact on Pending Litigation Yes □ No ☒

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

<u>Previous requests for Identical or Similar Action:</u>
Resolution/Law Number:

N/A

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

Justification: (state briefly why legislative action is requested)

The Mental Health Department requests permission to amend our 2023 budget in order to upgrade five Staff Social Worker vacancies to Staff Social Worker II positions. It has become more challenging to recruit and retain individuals working in this capacity. In order to best serve individuals in Albany County who suffer from severe and persistent behavioral health challenges it is essential that we have qualified professionals. We are proposing to use vacant Staff Social Workers lines for the upgrade. This will allow for both improved recruitment and retention of experienced healthcare professionals by creating additional positions with an improved career trajectory for those employed in this department.

2023 Social Worker Upgrade to Social Worker II Budget Amendment

Albany County Department of Mental Health

ACCOUNT NO.		RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME
A9 4310 1 2203	430227	Staff Social Worker II	\$45,559.00		\$68,338.00	Mental Health
A9 4310 1 2203	430228	Staff Social Worker II	\$45,559.00		\$68,338.00	Mental Health
A9 4310 1 2203	430229	Staff Social Worker II	\$45,559.00		\$68,338.00	Mental Health
A9 4310 1 2203	430230	Staff Social Worker II	\$45,559.00		\$68,338.00	Mental Health
A9 4310 1 2203	430231	Staff Social Worker II	\$45,559.00		\$68,338.00	Mental Health
A9 4310 1 2205	430137	Staff Social Worker		\$38,044.00	\$59,372.00	Mental Health
A9 4310 1 2205	430038	Staff Social Worker		\$38,900.00	\$58,350.00	Mental Health
A9 4310 1 2205	430104	Staff Social Worker		\$38,623.00	\$57,934.00	Mental Health
A9 4310 1 2205	430043	Staff Social Worker		\$39,738.00	\$59,606.00	Mental Health
A9 4310 1 2205	430042	Staff Social Worker		\$38,623.00	\$57,934.00	Mental Health
A9 4310 1 2205	430041	Staff Social Worker		\$33,867.00	\$57,934.00	Mental Health
		TOTAL APPROPRATIONS	\$227,795.00	\$227,795.00		
ACCOUNT NO.		RESOLUTION DESCRIPTION	DECREASE	INCREASE	UNIT COST	DEPARTMENT NAME

IOIAL ESIIMAIED KEVENUES	00.0\$	00.04
GRAND TOTALS	\$227,795.00	\$227,795.00

TIMOTHY CAVANAUGH
PAUL L. MARRA
JOHN KEEGAN
ANTONIO STURGES

KELLIE STROCK
CONFIDENTIAL SECRETARY



JOHN J. LEN, MD
BERNARD T. NG ,MD,MBA
N. BALASUBRAMANIAM, MD
CORONERS' PHYSICIANS

COUNTY OF ALBANY
OFFICE OF CORONERS
112 STATE STREET, SUITE 820
ALBANY, NEW YORK 12207
PHONE: (518) 445-7604
FAX: (518) 447-5699

March 31, 2023

Hon. Andrew C. Joyce, Chairman Albany County Legislature 112 State Street, Room 710 Albany, New York 12207

Dear Chairman Joyce,

Enclosed, please find the Albany County Coroner's Office Request for Legislative Action, seeking to renew a contract with Ellis Hospital for morgue and laboratory services. These services are utilized to conduct and support death investigations within Albany County.

The contract renewal has an anticipated cost of \$430,000 and will be for the term of January 1, 2023 – December 31, 2024.

The Coroner's Office respectfully requests consideration in this matter. If you have any questions or need additional information, please call our office at (518) 445-7604.

Sincerely,

Timothy J. Cavanaugh Albany County Coroner

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-4169, Version: 1		
REQUEST FOR LEGISLATIVE	ACTION	
	horization for Information Services): ledicine Morgue and Laboratory Services	
Date:	3/30/23	
Submitted By:	Kellie Strock	
Department:	Coroner's Office	
Title:	Confidential Secretary	
Phone:	(518) 445-7604	
Department Rep.		
Attending Meeting:	Coroner Timothy Cavanaugh	
Purpose of Request:		
 □ Adopting of Local Law □ Amendment of Prior Legislatio □ Approval/Adoption of Plan/Pro □ Bond Approval □ Budget Amendment ☑ Contract Authorization □ Countywide Services □ Environmental Impact/SEQR □ Home Rule Request □ Property Conveyance □ Other: (state if not listed) 		
CONCERNING BUDGET AMEN Increase/decrease category (cl □ Contractual □ Equipment		
□ Equipment □ Fringe		
□ Personnel		
☐ Personnel Non-Individual		

File #: TMP-4169, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click of 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): Ellis Hospital 1101 Nott Street, Schened	tady NY 12308
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	\$1200 per case Mortuary Services
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ⊠ No □ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
County Budget Accounts:	

File #: TMP-4169, Version: 1

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

Click or tap here to enter text.

Appropriation Account and Line: A1185 44048 **Appropriation Amount:** \$430,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

100% County:

Local: Click or tap here to enter text.

Term

Term: (Start and end date) January 1, 2023, through December 31, 2024

Length of Contract: 2 years

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: 32 Date of Adoption: 2/8/21

Justification: (state briefly why legislative action is requested)

Enclosed, please find the Albany County Coroner's request for legislative action, seeking to renew a contract with Ellis Hospital for morgue and labaratoty services. These services are utilized to conduct and support death investigations. The term of the contract will be for two years.

TIMOTHY CAVANAUGH
PAUL L. MARRA
JOHN KEEGAN
ANTONIO STURGES

KELLIE STROCK
CONFIDENTIAL SECRETARY



JOHN J. LEN, MD
BERNARD T. NG ,MD,MBA
N. BALASUBRAMANIAM, MD
CORONERS' PHYSICIANS

COUNTY OF ALBANY OFFICE OF CORONERS 112 STATE STREET, SUITE 820 ALBANY, NEW YORK 12207 PHONE: (518) 445-7604 FAX: (518) 447-5699

March 23, 2023

Hon. Andrew Joyce, Chairman Albany County Legislature Albany, New York 12207

Hon. Dennis Feeney Majority Leader Albany, New York 12207

Hon. Frank Mauriello Minority Leader Albany, New York 12207

Re: Request for Legislative Action

Dear Chairman Joyce,

Enclosed, please find the Albany County Coroner's request for legislative action, seeking to renew a contract with Ellis Hospital for morgue services. These services are utilized to conduct and support death investigations. The term of the contract will be for two years.

Sincerely, Timothy J. Cavanaugh Albany County Coroner



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:

Coroner Cavanaugh

Coroner's Office

FROM:

Maureen Shea

Purchasing Division

DATE:

February 6, 2023

RE:

Request for Proposals #2023-008

Morgue and Laboratory Services

I am forwarding the proposals received for RFP #2023-008-, as referenced above. Two (2) firms responded to the RFP: Ellis Medicine and Albany Medical Center

Please review and rate the proposals in accordance with the weighted criteria established in the RFP. A proposal rating worksheet, as well as an "Official RFP Rating Scale", are enclosed for your use and guidance in the rating process. When review is complete, please submit your recommendation for award, along with a completed copy of the rating sheet, to the Purchasing Agent for final review and approval.

Please contact me if you require any additional information, or if I can be of further assistance.

enc.

RFP #2023-008: Morgue and Laboratory Services

Proposal Rating Worksheet

Proposer: Ellis Medicine

		T.Cava	T.Cavanaugh	Revie	Reviewer 2	Revie	Reviewer 3	Revie	Reviewer 4
	Weight	Rate	Score	Rate	Score	Rate	Score	Rate	Score
Criterion #1 Proposer's comprehension of the required (work)									
Scope of Services	25%	4	,		0		0		
Criterion #2 Professional Qualifications and Prior experience								Total Control of the	
in similar projects	70%	3	9:0	٠	0		0		0
Criterion #3 Total proposed price									
	70%	S			0		0		·
Criterion #4 Proposer's demonstrated capabilities	, To .						,		
(equipment, financial solvency, location)	15%	4	9.0	•	0		0		0
Criterion #5 Client References									
	10%	3	0.3		0		0		<u> </u>
Criterion #6 Staffing- (Evaluation of Employees' Resumes)					-				
	10%		0		0		0		0
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TOTALS:

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NOTES:

RFP #2023-008: Morgue and Laboratory Services

Proposal Rating Worksheet

Proposer: Albany Medical Center

		T.Cav	T.Cavanaugh	Revie	Reviewer 2	Revie	Reviewer 3	Reviewer 4	wer 4
	Weight	Rate	Score	Rate	Score	Rate	Score	Rate	Score
Criterion #1 Proposer's comprehension of the required (work)									
Scope of Services	25%	4			0		0		0
Criterion #2 Professional Qualifications and Prior experience									
in similar projects	20%	4	0.8		0		0		0
Criterion #3 Total proposed price									
	20%	2	0.4		0.		0		0
Criterion #4 Proposer's demonstrated capabilities	,	•							
(equipment, financial solvency, location)	15%	3	0.45		0		0	1	0
Criterion #5 Client References									
!	10%		0.3		0		0		0
Criterion #6 Staffing- (Evaluation of Employees' Resumes)								-	
	10%	4	0.4	,	0		0		0

NOTES:

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3.35

TOTALS:



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:

Timothy Cavanaugh

Coroner's Office

FROM:

Pamela O Neill

Purchasing Agent

DATE:

February 21, 2023

RE:

RFP-2023-008 Morgue and Laboratory Services

I am in receipt of your recommendation to award the aforementioned to Ellis Medicine.

I have reviewed your scoring sheets and believe that you have performed a thorough evaluation of the proposal(s) submitted. I have no objection to the selection of Ellis Medicine.

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

COUNTY OF ALBANY

COST PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: Morgue and Laboratory Services RFP Number: 2023-008

COMPANY:	ELUS MEDICINE	
ADDRESS:	1101 Nott. St.	
CITY, STATE, ZIP:	Schenectade, M	12300
TEL. NO.:	(518) 243-3636	
FAX NO.:	(518) 243-1355	
FEDERAL TAX ID NO.:	#14-1338428	
REPRESENTATIVE:	Jeremy Sikovski	
E-MAIL:	Si Korski Je Ellis Medic	cine .orc
SIGNATURE AND TITLE	21/5//	
DATE 1/26/2	3	

3. Plan Implementation

Ellis Medicine will provide facilities, staff, supplies and equipment necessary to perform autopsy procedures. Scope of Service may include: *

- Morgue facility staffed by the equivalent of 2 FT autopsy technicians with forensic training.
- Scalpels, scissors, clamps, hoses and knives.
- Specimen holders, specimen labeling, storage and proper maintenance of chain of custody.
- Masks, caps, shoe covers, special full face masks with hepa filter for isolation cases of TB as specified in OSHA guidelines.
- Office space with telephone for Coroner, Law Enforcement personnel and pathologists.
- Isolation area with showers for doctors and attendants/assistants.
- Stock storage of autopsy tissues, blocks, and microscopic slides and incineration of waste materials.
- Two (2) autopsy tables.
- Morgue cooler capable of holding at least six (6) bodies.
- Refrigerator for storing blood and organs for Medical/Leal examinations.
- Radiology services.
- Weighing machines.
- Adequate lighting.
- Preparation of routine H&E and special stained slides which will be available within three (3) business days of post mortem examination.
- Disposal of organs and specimens in accordance with New York State Department of Health Rules and Regulations for disposal of pathological waste.
- Security personnel for proper handling of deceased person while on hospital property.
- In-house general lab testing
- Non-standard reference lab testing such as DNA and genetic testing.
 - * Third party toxicology testing will be contracted separately by Albany County

4.3 Fees

- a. Full Autopsy: \$1200 Cost includes:
- Morgue facility staffed by the equivalent of 2 FT autopsy technicians with forensic training.
- Scalpels, scissors, clamps, hoses and knives.
- Specimen holders, specimen labeling, storage and proper maintenance of chain of custody.
- Masks, caps, shoe covers, special full face masks with hepa filter for isolation cases of TB as specified in OSHA guidelines.
- Office space with telephone for Coroner, Law Enforcement personnel and pathologists.
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- Preparation of routine H&E slides which will be available within three (3) business days of post mortem examination.
- Disposal of organs and specimens in accordance with New York State Department of Health Rules and Regulations for disposal of pathological waste.
- Security personnel for proper handling of deceased person while on hospital property.
- b. External Autopsy requiring the use of Autopsy Technician: \$300
- c. In –house Histology processing
- 2100
- d. In-house general lab testing/special stains: \$100
- e. Non-standard reference lab testing such as DNA and genetic testing: Cost to be reimbursed by county plus \$25 processing and handling
- f. Radiology Assistance: \$250
- g. Storage (after 30 days and subsequent 30 days thereafter): \$100