

County of Albany

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



Meeting Agenda

Wednesday, September 29, 2021

5:30 PM

Held Remotely

Elder Care Committee

PREVIOUS BUSINESS:

1. APPROVING PREVIOUS MEETING MINUTES

CURRENT BUSINESS:

2. AMENDING RESOLUTION NO. 318 FOR 2020 REGARDING MEDIA AND CONSULTING SERVICES FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER
3. AUTHORIZING AN AGREEMENT WITH PLAZA LINEN SERVICE REGARDING RESIDENTIAL LAUNDRY SERVICES FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER
4. AUTHORIZING AN AGREEMENT WITH CELTIC CONSULTING, LLC REGARDING MINIMUM DATA SET CONSULTING SERVICES FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER
5. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE TITLE III-B SUPPORTIVE SERVICES PROGRAM
6. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE TITLE III-C-1 CONGREGATE MEALS PROGRAM
7. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE TITLE III-C-2 HOME DELIVERED MEALS PROGRAM
8. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE TITLE III-D MEDICATION MANAGEMENT PROGRAM
9. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE COMMUNITY SERVICES FOR THE ELDERLY PROGRAM
10. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE PROGRAM

11. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE TITLE III-E CAREGIVER SUPPORT PROGRAM
12. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE CONGREGATE SERVICES INITIATIVE PROGRAM
13. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM
14. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE WELLNESS IN NUTRITION PROGRAM
15. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE AAA STATE TRANSPORTATION PROGRAM
16. AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING UNMET NEED
17. AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING HOME DELIVERED MEALS FOR SENIORS
18. AUTHORIZING AN AGREEMENT WITH PETER YOUNG INDUSTRIES REGARDING HOME DELIVERED MEALS FOR SENIORS
19. AUTHORIZING AN AGREEMENT WITH SENIOR PROJECTS OF RAVENA REGARDING HOME DELIVERED MEALS FOR SENIORS
20. AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING CONGREGATE MEAL SERVICES FOR SENIORS
21. AUTHORIZING AN AGREEMENT WITH SENIOR PROJECTS OF RAVENA REGARDING CONGREGATE MEAL SERVICES FOR SENIORS

- 22.** AUTHORIZING AN AGREEMENT WITH COLONIE SENIOR SERVICE CENTERS REGARDING CONGREGATE MEAL SERVICES FOR SENIORS
- 23.** AUTHORIZING AN AGREEMENT WITH ACCESS TRANSIT, INC. REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS
- 24.** AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE EXTENSION REGARDING DIETICIAN SERVICES

County of Albany

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



Meeting Minutes

Wednesday, August 25, 2021

5:30 PM

**Harold L. Joyce Albany County Office Building
Cahill Room, 1st Floor**

Elder Care Committee

PREVIOUS BUSINESS:

Present: Carolyn McLaughlin, Bill L. Ricard, Robert J. Beston,
Frank J. Commisso, Norma J. Chapman, Gary W.
Domalewicz and Jennifer A. Whalen

Excused: Joanne Cunningham and Jeff S. Perlee

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. AMENDING RESOLUTION NO. 461 FOR 2019 REGARDING CERTIFIED NURSING ASSISTANT SERVICES**

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

3. AMENDING RESOLUTION NO. 209 FOR 2021 REGARDING STIMULUS FUNDING FOR THE TITLE III-B SUPPORTIVE SERVICES PROGRAM

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

4. AMENDING RESOLUTION NO. 210 FOR 2021 REGARDING STIMULUS FUNDING FOR THE TITLE III-C-1 CONGREGATE MEALS PROGRAM

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

5. AMENDING RESOLUTION NO. 211 FOR 2021 REGARDING STIMULUS FUNDING FOR THE TITLE III-C-2 HOME DELIVERED MEALS PROGRAM

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

6. AMENDING RESOLUTION NO. 213 FOR 2021 REGARDING STIMULUS FUNDING FOR THE TITLE III-E CAREGIVER SUPPORT PROGRAM AND AMENDING THE 2021 DEPARTMENT FOR AGING BUDGET

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

7. AMENDING RESOLUTION NO. 214 FOR 2021 REGARDING STIMULUS FUNDING FOR EXPANDING ACCESS TO COVID-19 VACCINES VIA THE AGING NETWORK AND AMENDING THE 2021 DEPARTMENT FOR AGING BUDGET

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

8. AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE NY CONNECTS COVID-19 VACCINE ACCESS SUPPLEMENTAL FUNDING PROGRAM

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



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

August 13, 2021

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

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to increase the Brawn Media contract by \$60,000.00 through the contract amendment process.

Brawn Media is in the last year of their three (3) year contract that totaled a not to exceed amount of \$300,000.00. However, because of the COVID-19 Pandemic, expenses for the years 2020 and 2021 have exceeded expectations due to additional required regulatory postings on our website, our staff and resident recruitment campaign and multiple media engagements throughout that same time period. Due to the above, we are requesting that the last year of the Brawn Media contract be increased from \$100,000.00 to \$160,000.00 and we will be utilizing funds from our existing 2021 budget to pay for this increase, making the revision budget neutral.

Thank you for your consideration in approving this request.

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-2668, **Version:** 2

REQUEST FOR LEGISLATIVE ACTION

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

Brawn Media Contract Amendment for Additional Services

Date: September 8, 2021
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☒ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☒ Professional Services

☐ Education/Training

☐ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Brawn Media

441 New Karner Road

Albany, New York 12205

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$160,000.00

Scope of Services: Brawn Media is our current media Company (see attachment for scope of services). Due to the COVID-19 pandemic we had to expand the services provided by Brawn Media to include the posting of NYSDOH, CMS and SPRNC changes to regulations, policy and procedure, as well as, having a vehicle through our website to communicate to residents, families and staff, all of which were managed by Brawn Media. In addition, we created a media campaign for the recruitment of staff and other announcements, due to the pandemic, creating additional expense that could not have been foreseen in our original request, therefore, we need to amend the contract amount, by an additional sixty thousand dollars for the contract term.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☒ No ☐
If Mandated Cite Authority: NYSDOH and CMS

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: 44047
Appropriation Amount: \$160,000.00

Source of Funding - (Percentages)

Federal: 0
State: 0
County: 100
Local: 0

Term

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

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 318
Date of Adoption: 10/13/2020

Justification: (state briefly why legislative action is requested)

To continue to allow Brawn Media to post mandated notices, assist with staff recruitment and resident admissions, as well as, the planned monthly media activities. I have attached the previous Resolution and agreement with Brawn Media since they have been our media company for the past 2.5 years.

SECOND AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF ALBANY
AND DVG MEDIA INC. D/B/A BRAWN MEDIA
FOR AN INTEGRATED COMMUNICATIONS PLAN
FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER

PURSUANT TO RES. NO. 318 FOR 2021, ADOPTED SEPTEMBER 14, 2020

(FIRST AMENDMENT: RES. NO. 55 OF 2020, ADOPTED FEBRUARY 2, 2020
ORIGINAL AGREEMENT: CONTRACT NO. 4317 FOR 2018)

THIS SECOND AMENDMENT TO AGREEMENT is made by and between the County of Albany, a municipal corporation, acting by and through its County Executive, with its principal place of business located at the Albany County Office Building 112 State Street, Albany, New York 12207 (hereafter, the "County"), and DVG Media, Inc., a New York corporation, d/b/a "Brawn Media," with its principal office located at 441 New Karner Road, Albany, New York 12205 (hereafter, the "Consultant," and with the County, may be referred to herein as a "[P]arty" and together as the "[P]arties").

WITNESSETH:

WHEREAS, the County has an Agreement with the Consultant to provide an integrated communications plan for the Shaker Place Rehabilitation and Nursing Center (hereinafter, "Shaker Place"), said agreement having been designated Contract No. 4317 for 2018 (hereinafter, the "Agreement"); and

WHEREAS, Shaker Place required additional services by the Consultant in order to achieve the goal of an integrated communications plan and the parties entered into an Amendment to Agreement for said additional services, said amendment having been approved by the Albany County Legislature via Resolution No. 55 for 2020, adopted February 2, 2020 (hereinafter, the "Amendment #1"); and

WHEREAS, Shaker Place requires further additional services by the Consultant in order to achieve the goal of an integrated communications plan and the Consultant has agreed to provide said services for additional compensation; and

WHEREAS, the Albany County Legislature has authorized the County Executive to enter into a Second Amendment to Agreement for the aforesaid additional services via Resolution No. 318 for 2020, adopted September 14, 2020; and

WHEREAS, this Second Amendment to the Agreement sets forth the understanding reached by the parties herein;

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

1. That the Agreement at Paragraph 2.2 of ARTICLE 2. SCOPE OF SERVICES shall be amended to read, as follows:

2.2 In addition to the services described in Paragraph 2.1, the Consultant shall provide the services described in the Proposal, consistent with the RFP and the Addenda, and also the services required by the Amendments to the Agreement, as follows:

2.2.1 First Amendment: completion of the comprehensive program of branding related to the logo, website, social media footprint and connected media outreach; and

2.2.2 Second Amendment: continued media and branding consultation and services, as requested by the Executive Director.

2. That the Agreement at ARTICLE 3. COMPENSATION shall be amended to read, as follows:

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Consultant agrees to accept, an amount not to exceed THREE HUNDRED THOUSAND AND 00/100 (\$300,000) DOLLARS as full compensation for all services rendered under this Agreement and the Amendments;

3.2 The Parties agree that the dollar amount identified in Paragraph 3.1 of this Agreement includes all expenses incurred providing the services and all travel costs, parking fees, overhead costs, profit, and any other ancillary fees and cost including, but not limited to, permits, licenses and insurance.

3. That the Agreement at ARTICLE 4. TERM OF AGREEMENT shall be amended to read, as follows:

4.1 The term of this Agreement shall commence on October 1, 2018 and will continue in effect through December 31, 2020.

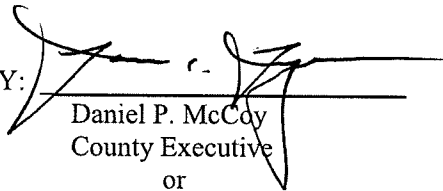
4.2 The renewal term of this Agreement shall commence on January 1, 2021 and continue in effect through December 31, 2021.

4. That all other articles, paragraphs, terms, conditions, and provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Second Amendment to Agreement to be signed on the day and year first indicated below.

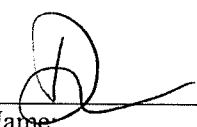
COUNTY OF ALBANY

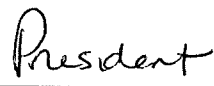
DATED: 3/3/2021

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

BRAWN MEDIA

DATED: 2/25/21

BY: 
Name: _____


Title: _____

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

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

NOTARY PUBLIC

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

On the 3rd day of March, 2021 before me, the undersigned, personally appeared Daniel C. Lynch personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

S

NOTARY PUBLIC

EUGENIA K. CONDON
Notary Public, State of New York
No. 02CO4969817
Qualified in Albany County
Commission Expires July 23, 2022

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

On the 25th day of February, 2021, before me, the undersigned, personally appeared Donna Brownish personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Michelle L. Goca
Notary Public, State of New York
Reg. No. 01GO6366893
Qualified in Rensselaer County
My Commission Expires November 6, 2021

Michelle L. Goca

NOTARY PUBLIC

RESOLUTION NO. 318

AUTHORIZING AN AGREEMENT WITH BRAWN MEDIA REGARDING MEDIA AND CONSULTING SERVICES FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 9/14/20

By Audit and Finance and Elder Care Committees:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Brawn Media in an amount not to exceed \$100,000 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Executive Director has indicated that such an agreement is necessary to provide media and branding consultation and services for the Shaker Place Rehabilitation and Nursing Center, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Brawn Media, Albany, NY 12205 for the provision of media and branding consultation and services for the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$100,000 for the term commencing January 1, 2021 and ending December 31, 2021, and be it further

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

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

Referred to Audit and Finance and Elder Care Committees – 9/14/20

Favorable Recommendation Elder Care Committee – 9/30/20

Favorable Recommendation Audit and Finance Committee – 10/1/20

Adopted by unanimous vote – 10/13/20



County of Albany

112 State Street
Albany, NY 12207

Legislation Text

File #: TMP-1789, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):
Brawn Media to Provide Media and Branding Consultation and Services

Date:	July 23, 2020
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

File #: TMP-1789, Version: 1

☐ 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):

Brawn Media

Additional Parties (Names/addresses):

441 New Karner Road, Albany, New York 12205

Amount/Raise Schedule/Fee: \$100,000.00

Scope of Services: Brawn Media is our current media company (see contract attached for scope of services). Brawn Media will continue to provide media services that includes the management of our website, staff recruitment, branding and community notifications.

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 ☐

File #: TMP-1789, Version: 1

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: 44047

Appropriation Amount: \$100,000.00

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) 1/1/2021 - 12/31/2021

Length of Contract: 12 months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 55

Date of Adoption: 2/10/2020

Justification: (state briefly why legislative action is requested)

Brawn Media was retained to rebrand our nursing home. This project continues to be a work in progress, as our nursing home is still undergoing renovations and new construction. Brawn Media is also responsible for our website and media campaigns for the recruitment of staff and communication to the public and the programs offered to prospective clients who we will care for in our long term care facility.

PROFESSIONAL SERVICE AGREEMENT
BETWEEN THE COUNTY OF ALBANY
AND DVG MEDIA, INC. D/B/A BRAUN MEDIA
FOR AN INTEGRATED COMMUNICATIONS PLAN
FOR THE ALBANY COUNTY NURSING HOME

CONTRACT NO. 4317 FOR 2018

This Agreement is made by and between the County of Albany, a municipal corporation, acting by and through its County Executive, with its principal place of business located at the Albany County Office Building, 112 State Street, Albany, New York 12207-2021 (hereinafter called the "County") and DVG Media, Inc., a New York corporation, with its principal place of business located at 441 New Karner Road, Albany, New York 12205 (hereinafter called the "Consultant," and, together with the County, may be referred to herein as the "[P]arties").

WHEREAS, the Albany County Purchasing Division (hereinafter called the "Purchasing Division") has issued a request for proposals for an integrated communications plan for the Albany County Nursing Home (hereinafter called the "ACNH"), said request having been designated RFP #2017-127, issued on November 27, 2017 and published on November 30, 2017 and December 7, 2017 (hereinafter called the "RFP"); and

WHEREAS, the Purchasing Division has issued two (2) addenda to the RFP, the first on December 7, 2017 (hereinafter called the "Addendum #1") and the second on December 21, 2017 (hereinafter called the "Addendum #2," and, together with Addendum #1, may be referred to as the "Addenda"); and

WHEREAS, the Consultant has submitted a proposal dated December 29, 2017 to provide the aforesaid integrated communications plan (hereinafter called the "Proposal"); and

WHEREAS, the County has accepted the proposal of the Consultant to provide the aforesaid integrated communications plan; and

WHEREAS, this Agreement sets forth the understanding reached by the parties herein; and

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

ARTICLE I. THE CONTRACT DOCUMENTS: INTERPRETATION

- 1.1 The Contract Documents consist of the following: this Agreement; the RFP, which is incorporated by reference and made a part hereof; the Addenda, which are incorporated by reference and made a part hereof; and the Proposal, which is incorporated by reference and made a part hereof (collectively called "the Agreement").

- 1.2 In the event of any discrepancy, disagreement or ambiguity among the contract documents, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement or ambiguity: 1) this Agreement; 2) the Addendum #2; 3) the Addendum #1; 4) the RFP; 5) the Proposal.

ARTICLE 2. SCOPE OF SERVICES

- 2.1 The Consultant shall provide the ACNH with an integrated communications plan, which includes, but is not limited to, a comprehensive program of branding/rebranding of the ACNH's logo, website and social and clinical experiences, and promoting its recognition as an organization set apart from the other facilities in the area. The services the Consultant shall provide include those described in the RFP at SECTION 4: SCOPE OF SERVICES, pages RFP3 and RFP4, consistent with the Addenda, more specifically, the following:

- a. Promote the recognition of the ACNH that sets it apart from competition;
- b. Demonstrate its leadership in the industry;
- c. Create trust with its residents, family members and community;
- d. Strengthen the value of the ACNH organization;
- e. Establish an expectation of quality.

The new brand shall create a unique personality and have a positive impact on whether people want to engage ACNH services, and shall focus on brand trust that is earned through consistently delivering on the brand promise and a brand promise that reflects the value or experience the ACNH's residents and families can expect to receive every single time they interact with its facility, staff and service providers.

The Consultant shall provide a rebranding/marketing strategy that includes, but is not limited to, overall structure and architecture of a new media, social media and website creation. Determining the best utilized "touchpoint" is central to a successful rebranding and shall require:

- a. Brand Rollout/Activation of Program;
- b. Customer/staff research to develop an understanding of what people think about the ACNH's current brand;
- c. Photography/ Video;
- d. Brand Strategy;
- e. Website;
- f. Brand Identity;
- g. Brand Audit-both internal and competitive audit-how we fit into the competitive landscape;
- h. Naming and Tagline; and
- i. Brochures, Stationary and Promotional Materials.

The parties anticipate that the scope of this engagement shall require periodic updates, either in person or by other means of communications.

- 2.2 In addition to the services described in Paragraph 2.1, the Consultant shall provide

the services described in the Proposal, consistent with the RFP and the Addenda.

2.3 The Consultant shall render all services in a professional manner.

ARTICLE 3. COMPENSATION

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Consultant agrees to accept, an amount not to exceed NINETY EIGHT THOUSAND FIFTY FIVE AND 00/100 DOLLARS (\$98,055.00) as full compensation for all services rendered under this Agreement. Said not to exceed amount is based on the following amounts attributable to the four (4) phases of services that the Consultant will provide during the term of the Agreement:

Phase 1: Research
Total Fee not to exceed: \$ 8,000.00

Phase 2: Branding Strategy
Total Fee not to exceed: \$ 5,000.00

Phase 3: Website Design and Development
Total Fee not to exceed \$15,055.00

Phase 4: Marketing and Execution
Total Fee not to exceed: \$70,000.00

3.2 The parties agree that the dollar amount identified in Paragraph 3.1 of this Agreement includes all expenses incurred providing the services and all travel costs, parking fees, overhead costs, profit and any other ancillary fees and costs including, but not limited to, permits, licenses and insurance.

ARTICLE 4. PAYMENT

Payment shall be made to the Consultant by the County on a monthly basis upon the Consultant's submission of a properly executed invoice, plus all supporting documentation, to the Executive Director of the ACNH.

ARTICLE 5. TERM OF AGREEMENT

The term of this Agreement shall commence on October 1, 2018 and will continue in effect through December 31, 2020.

ARTICLE 6. TERMINATION OF AGREEMENT; REMEDY FOR BREACH

6.1 This Agreement may be terminated by the County or the Consultant as follows:

6.1.1 The County may terminate this Agreement if the Consultant refuses or fails to supply enough properly skilled workers or proper materials to meet any of its requirements, if the Consultant fails to make payment to County-approved subcontractors for materials or labor, or disregards laws, ordinances or rules

and regulations or orders of a public entity having jurisdiction over the work, or if the Consultant is substantially in breach of any of its provisions. Additionally, the County may, without cause, order the Consultant in writing, to suspend, delay or interrupt the work in whole or in part for such period of time as the County may determine.

6.1.2 The Consultant may terminate this Agreement if the County is substantially in breach of it.

6.2 In the event of a breach by the Consultant, the Consultant shall pay to the County all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the County to procure a substitute consultant to satisfactorily complete the work, together with the County's own costs incurred in procuring a substitute vendor.

ARTICLE 7. ASSIGNMENT

7.1 The Consultant specifically agrees as required by Section 109 of the N.Y. General Municipal Law that the Consultant is prohibited from assigning, transferring, conveying, subcontracting or otherwise disposing of this Agreement, or of the Consultant's right, title, or interest therein, without the prior written consent of the County.

7.2 The Consultant shall not subcontract for any portion of the services required under this Agreement without the prior written approval of the County. Any such subcontractor shall be subject to the terms and conditions of this Agreement and any additional terms and conditions the County may deem necessary or appropriate.

ARTICLE 8. AVAILABLE DATA

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

ARTICLE 9. COOPERATION

The Consultant shall cooperate with representatives, agents and employees of the County and the County shall cooperate with representatives, agents and employees of the Consultant to the end that work may proceed expeditiously and economically.

ARTICLE 10. NON-DISCRIMINATION

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

privileges of employment.

ARTICLE 11. RELATIONSHIP

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

ARTICLE 12. INDEMNIFICATION

The Consultant shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including, without limitation, reasonable attorney's fees) arising out of, or in consequence of, any negligent or intentional act or omission of the Consultant, its employees or agents, to the extent of its responsibility for such claims, damages, losses and expenses.

ARTICLE 13. NON-APPROPRIATIONS

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

ARTICLE 14. APPLICABLE LAW

The laws of the State of New York shall govern this Agreement. The designated venue is Albany, New York.

ARTICLE 15. RECORDS

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

ARTICLE 16. INSURANCE

- 16.1 The Consultant shall procure and maintain for the entire term of this Agreement, without additional expense to the County, insurance policies of the kinds and in the amounts provided in the Schedule A attached hereto and made a part hereof. The insurance policies shall name the County as an additional insured. Such policies may only be changed upon 30 days prior written approval by the County.
- 16.2 The Consultant shall, prior to commencing any of the services outlined herein, furnish the County with Certificates of Insurance showing that the requirements of this article have been met. The Consultant shall also provide the County with updated Certificates of Insurance prior to the expiration of any previously-issued certificate. No work shall be commenced under this Agreement until the Consultant has delivered the Certificates of Insurance to the County. Upon failure of the Consultant to furnish, deliver and maintain such insurance certificates as provided above, the County may declare this Agreement suspended, discontinued or terminated.
- 16.3 As required by Section 108 of the N.Y. General Municipal Law, this Agreement shall be of no force and effect unless the Consultant shall secure compensation for the benefit of, and keep insured during the life of this Agreement, all employees engaged thereon in compliance with the provisions of the N.Y. Workers' Compensation Law. The Consultant shall require any subcontractor authorized by the County to do likewise for all of their employees engaged thereon, all in compliance with the provisions of the N.Y. Workers' Compensation Law and of Schedule A of this Agreement.

ARTICLE 17. NO WAIVER OF PERFORMANCE

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

ARTICLE 18. MODIFICATION

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

ARTICLE 19. EXECUTION OF DOCUMENTS

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

ARTICLE 20. HEADINGS - CONSTRUCTION

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

the provisions hereof.

ARTICLE 21. ENTIRE AGREEMENT

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

ARTICLE 22. COMPLIANCE WITH MacBRIDE PRINCIPLES

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

ARTICLE 23. NON-INTERRUPTION OF WORK

The Consultant agrees that it will not intentionally engage in any course of conduct or activity, or employ for the purposes of performing the public work, any subcontractors, employees, labor or materials which will or may result in the interruption of the performance of the public work due to labor strife or unrest by workmen employed by the Consultant or by any of the trades working in or about the public works and/or premises where the work is being performed.

ARTICLE 24. EXTRA WORK/SERVICES

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

ARTICLE 25. MISCELLANEOUS PROVISIONS

25.1 In addition to the policies and procedures described above, the Consultant also acknowledges that it shall follow the Non Interruption of Work Agreement (per Res. No. 298 for 1986), the Iranian Energy Sector Divestment (per N.Y. Gen. Mun. Law § 103-9), and all other policies and procedures described in the RFP.

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

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

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

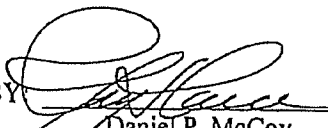
25.4 The County shall bear no responsibility other than that set forth in this Agreement.

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

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed the day and year first indicated below.

COUNTY OF ALBANY

DATED: 12/6/18

BY: 
Daniel P. McCoy
County Executive

or

Philip F. Calderone, Esq.
Deputy County Executive

DVG MEDIA, INC.
D/B/A BROWN MEDIA

DATED: 11/30/18

BY: 
Name Donna Brownson

President
Title

STATE OF NEW YORK)
COUNTY OF ALBANY) SS:

On the _____ day of _____, 2018, before me, the undersigned, personally appeared Daniel P. McCoy personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

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

On the 20th day of December, 2018, before me, the undersigned, personally appeared Philip F. Calderone, Esq. personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

EUGENIA K. CONDON
Notary Public, State of New York
No. 4969817
Qualified in Albany County
Commission Expires July 23, 2022

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

On the 30th day of NOVEMBER, 2018, before me, the undersigned, personally appeared DONALD BROWN, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Michelle L. Goca
Notary Public, State of New York
Reg. No. 01GO6368893
Qualified in Rensselaer County
My Commission Expires November 6, 2021

SCHEDULE A INSURANCE COVERAGE

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

1. **Workers' Compensation and Employers Liability Insurance:** A policy or policies providing protection for employees in the event of job related injuries or a waiver of the requirements of this insurance with such waiver to be issued by New York State.
2. **Automobile Liability Insurance:** A policy or policies with the limits of not less than \$500,000 for each accident because of bodily injury, sickness or disease, including death at any time, resulting therefrom, sustained by any person caused by accident, and arising out of the ownership, maintenance or use of any automobiles; and with the limits of \$500,000 for damage because of injury to or destruction of property, including the loss of the use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobiles.
3. **General Liability Insurance:** A policy or policies of comprehensive all-risk insurance including coverage for demolition of structures with limits of not less than:

Liability For:	Combined Single Limit
Property Damage	\$1,000,000
Bodily Injury	\$1,000,000
Personal Injury	\$1,000,000
4. **Professional Liability Insurance:** A policy or policies of professional liability insurance with limits of not less than \$1,000,000.

FIRST AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF ALBANY
AND DVG MEDIA INC. D/B/A BRAWN MEDIA
FOR AN INTEGRATED COMMUNICATIONS PLAN
FOR THE

SHAKER PLACE REHABILITATION AND NURSING CENTER

PURSUANT TO RESOLUTION NO. 55 OF 2020, adopted February 2, 2020

ORIGINAL AGREEMENT PURSUANT TO
CONTRACT NO. 4317 OF 2018

THIS AGREEMENT is made by and between the County of Albany, a municipal corporation, acting by and through its County Executive, with its principal place of business located at the Albany County Office Building 112 State Street, Albany, New York 12207 (hereafter referred to as "County"), and DVG Media, Inc., a New York corporation, with its principal office located at 441 New Karner Road, Albany, New York 12205 (hereafter referred to as the "Consultant"). County and Consultant may hereafter be referred to individually as a "[P]arty" and collectively as the "[P]arties."

WITNESSETH:

WHEREAS, the County has an Agreement with the Consultant to provide an integrated communications plan for the Shaker Place Rehabilitation and Nursing Center, via Contract No. 4317 of 2018, which was executed on December 6, 2018; and

WHEREAS, the County requires additional services to completed by the Consultant in order to realize the goal of an integrated communications plan for the Nursing Home; and

WHEREAS, the Parties have agreed upon the additional compensation required to complete the in integrated communications plan; and

WHEREAS, the Albany County Legislature has authorized the County Executive to enter into this First Amendment to the Agreement, increasing the total amount not to exceed of the Agreement from \$98,055 to \$200,000.00 via Resolution No. 55 of 2020, adopted February 10, 2020; and

WHEREAS, this First Amendment to the Agreement sets forth the understanding reached by the parties herein;

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

A. That the Agreement at ARTICLE 3. COMPENSATION shall be amended to read as following:

3.1 In consideration of the terms and obligations of this Agreement, the County agrees to pay, and the Consultant agrees to accept, an amount not to exceed TWO HUNDRED THOUSAND AND 00/100 (\$200,000) DOLLARS as full compensation for all services rendered under this Agreement.

DB

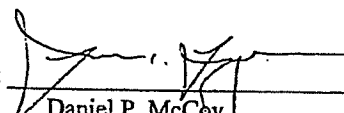
3.2 The Parties agree that the dollar amount identified in Paragraph 3.1 of this Agreement includes all expenses incurred providing the services and all travel costs, parking fees, overhead costs, profit, and any other ancillary fees and cost including, but not limited to: permits, licenses, and insurance.

B. That all other articles, paragraphs, terms, conditions, and provisions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have caused this agreement to be executed set forth below.

COUNTY OF ALBANY

DATED: 4/21/2020

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

DVG MEDIA INC. D/B/A
 BRAWN MEDIA

DATED: 4/14/20

By: 

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

On the _____ day of _____, 2020, before me, the undersigned, a notary public in and for the state, personally appeared Daniel P. McCoy, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon whose behalf the individual acted, executed the instrument.

 NOTARY PUBLIC

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

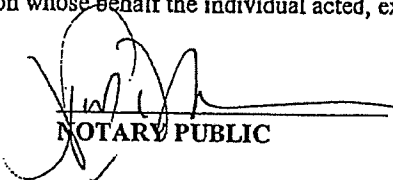
On the 24th day of April, 2020, before me, the undersigned, a notary public in and for the state, personally appeared Daniel C. Lynch, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity and that by his/her signature on the instrument, the individual, or the person upon whose behalf the individual acted, executed the instrument.


NOTARY PUBLIC EUGENIA K. CONDON
Notary Public, State of New York
No. 02CO4969817
Qualified in Albany County
Commission Expires July 23, 2022

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

On the 14th day of April, 2020, before me, the undersigned, a notary public in and for the state, personally appeared Dana Branson, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the attached instrument and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon whose behalf the individual acted, executed the instrument.

NICOLE A. MORANO
Notary Public - State of New York
No. 01MO5060617
Qualified in Rensselaer County
My Commission Expires 5/20/2022


NOTARY PUBLIC

RESOLUTION NO. 55

AUTHORIZING AN AGREEMENT WITH BRAWN MEDIA REGARDING BRANDING AND PROMOTIONAL SERVICES FOR THE SHAKER PLACE REHABILITATION AND NURSING CENTER

Introduced: 2/10/20

By Audit and Finance Committee:

WHEREAS, The Albany County Contract Administration Board has previously authorized contract number 4317 for 2018 with DVG Media, Inc., d/b/a/ Brawn Media ("Brawn Media") in the amount of \$98,055 for a term commencing October 1, 2018 and ending December 31, 2020 regarding an integrated communications plan for marketing and branding services at the Shaker Place Rehabilitation and Nursing Center, formerly known as the Albany County Nursing Home, and

WHEREAS, The Executive Director of Shaker Place Rehabilitation and Nursing Center has requested authorization to amend the aforementioned agreement with Brawn Media in the amount of \$101,945 to reflect a total amount not to exceed \$200,000 rather than \$98,055, and

WHEREAS, The Executive Director has indicated that the amendment to the contract is necessary in order to complete the comprehensive program of branding related to the logo, website, social media footprint, and connected media outreach for Shaker Place Rehabilitation and Nursing Center, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to amend the aforementioned agreement with DVG Media, Inc., d/b/a/ Brawn Media ("Brawn Media") in the amount of \$101,945 to reflect a total amount not to exceed \$200,000 rather than \$98,055, 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 the resolution the appropriate County Officials.

Adopted by unanimous vote - 2/10/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 10th day of February, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 12th day of February, 2020.

Nicole Chambers
Clerk, Albany County Legislature



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

September 1, 2021

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

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests to enter into a contract with Plaza Linen Service to provide personal laundry services to our residents and also launder nursing home specialty items, such as mops, cubical curtains, drapes, bed spreads and slings.

This contract will be for a period of twelve (12) months commencing on January 1, 2022 for a not to exceed amount of \$150,000.00. Plaza Linen was chosen through the RFB-2021-114 process.

We respectfully request approval of this contract.

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-2693, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Plaza Linen Service to Provide Personal Laundry Services to Residents

Date: August 30, 2021
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☐ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☒ Other: (state if not listed)

Laundry Services

Contract Terms/Conditions:

Party (Name/address):

Plaza Linen Service

629 Plank Road

Clifton Park, New York 12065

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$150,000.00

Scope of Services: Plaza Linen Service to provide laundry cleaning services for resident clothing. In addition, will provide laundry services to the nursing home for specialty items, such as, mops, cubicle curtains, drapes, bedspreads and slings.

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: CMS and NYSDOH

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

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

Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: 44032

Appropriation Amount: \$150,000.00

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 286-2020

Date of Adoption: 09/14/2020

Justification: (state briefly why legislative action is requested)

Shaker Place Rehabilitation and Nursing Center is required to provide resident laundry services to our resident population. Through the RFP process (RFB 2021-114) Plaza Linen Service was the lowest and responsible bidder for resident clothing and nursing home specialty items that require to be laundered.

COUNTY OF ALBANY

REQUEST FOR BIDS

SHAKER PLACE REHABILITATION AND NURSING CENTER



RFB #2021-114

PERSONAL LAUNDRY SERVICES

**ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
KAREN A. STORM, PURCHASING AGENT
112 STATE STREET, ROOM 1000
ALBANY, NY 12207**

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION
112 STATE STREET, ROOM 1000, ALBANY, NY 12207
TELEPHONE: 518-447-7140/ FAX: 518-447-5588

TITLE: Personal Laundry Services for Shaker Place Rehabilitation and Nursing Center
RFB NUMBER: 2021-114

Receipt Confirmation Form

Please complete and return this confirmation form as soon as possible:

Karen A. Storm
Purchasing Agent
County of Albany
112 State Street, Room 1000
Albany, NY 12207

**IF YOU PLAN TO SUBMIT A BID, YOU MUST RETURN
THIS FORM TO ENSURE THAT YOU WILL RECEIVE ALL
FURTHER COMMUNICATION REGARDING THIS RFB.**

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

If a Bidders/Proposers meeting has been arranged for this Bid/RFP, please indicate if you plan to attend:
☐ Yes / ☐ No

I authorize the County of Albany to send further correspondence that the County deems to be of an urgent nature by the following method:

Courier Collect: _____ Mail _____

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NY 12207

NON-BIDDER RESPONSE

RFB #2021-114

The Albany County Department of General Services, Purchasing Division, is interested in the reasons why bidders fail to submit bids. Please indicate your reason(s) by checking all appropriate item(s) below and returning this form to the above address.

- ☐ Could not meet specifications or Scope of Services.
- ☐ Items or materials requested not manufactured by us or not available to our company.
- ☐ Insurance requirements are too restricting.
- ☐ Bond requirements are too restricting.
- ☐ Specifications or Scope of Services not clearly understood or applicable (too vague, too rigid, etc.).
- ☐ Project not suited to firm.
- ☐ Quantities too small.
- ☐ Insufficient time allowed for preparation of bid.
- ☐ Other reasons; please state and define:

Vendor Name: _____

Contact Person: _____

Vendor Address: _____

Vendor Telephone: _____

**NOTICE TO BIDDERS -- ALBANY COUNTY
REQUEST FOR BIDS #2021-114**

Sealed Bids for Personal Laundry Services as requested by the Albany County Shaker Place Rehabilitation and Nursing Center will be received by the Albany County Purchasing Agent, Room 1000, 112 State Street, Albany, New York 12207 until 11:00 AM, local time on Thursday, August 26, 2021

Request for Bid (RFB) documents may be obtained at the office of the Albany County Purchasing Agent, as noted above. RFB documents may be available for download from the Empire State Bid System website at <http://www.empirestatebidsystem.com> starting by close of business (4:30 p.m.) on **August 12, 2021**.

A site visit will be held August 19, 2021 at 10:00 AM at the Albany County Shaker Place Rehabilitation and Nursing Center, 100 Heritage Lane, Albany, New York 12211. This is the only scheduled site visit. Interested bidders are strongly urged to attend.

Karen A. Storm
Purchasing Agent

Dated: Albany, New York
August 5, 2021

PUBLISH ONE DAY – August 12, 2021 -- THE EVANGELIST
PUBLISH ONE DAY – August 12, 2021 -- THE TIMES UNION

COUNTY OF ALBANY
REQUEST FOR BIDS
GENERAL INSTRUCTIONS TO BIDDERS

BID DISTRIBUTION- *IMPORTANT NOTICE*

The County of Albany officially distributes bidding documents through the Purchasing Division Office or through the Empire State Bid System website at <http://www.empirestatebidsystem.com>. Copies of bidding documents obtained from any other source are not considered official documents. Only those vendors who obtain bidding documents from either the Purchasing Division Office or the Empire State Bid System are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Albany County Purchasing Division or the Empire State Bid System, it is strongly recommended that you obtain an official copy.

SECTION 1: BID IDENTIFICATION

- 1.1 Title: Personal Laundry Services
- 1.2 Requesting Department: Albany County Shaker Place Rehabilitation and Nursing Center
- 1.3 Bid Number: 2021-114

SECTION 2: PURPOSE

- 2.1 The intent of these specifications is to furnish information to responsible bidders for the purpose of obtaining bids for Personal Laundry Services as requested by the Albany County Shaker Place Rehabilitation and Nursing Center.
- 2.2 The Albany County Shaker Place Rehabilitation and Nursing Center is a 250-bed skilled nursing facility located at 100 Heritage Lane, Albany, New York, 12211.
- 2.3 Minority Business Enterprises (MBE's) and Women Business Enterprises (WBE's) are encouraged to apply.
- 2.3 The apparent Successful Bidder will be required to submit DBE participation information and, as a condition of receiving the contract, demonstrate good faith efforts in meeting DBE goals, as outlined in Article SC 19 of the Albany County Affirmative Action Plan, attached hereto.

SECTION 3: BIDDING DOCUMENTS

- 3.1 Complete sets of the Bidding Documents may be obtained or examined as stated in the Notice to Bidders.
- 3.2 Complete sets of Bidding Documents must be used in preparing bids. The County does not assume any responsibility for errors or misinterpretations resulting from the use of incomplete sets of Bidding Documents.

SECTION 4: SUBMISSION OF BIDS

- 4.1 Bids and any other required documents must be submitted, sealed in an opaque envelope, plainly marked with the name and number of the bid and the name and address of the bidder and accompanied by the required documents. Bids must be received no later than **11:00 A.M. on Thursday, August 26, 2021**, at the following address:

Karen A. Storm
Albany County Purchasing Agent
112 State Street, **Room 1000**
Albany, NY 12207

- 4.2 All bids received after the time stated in the "Notice to Bidders", or the bid submission deadline as modified by formal addendum consistent with Section 14 of this Request for Bids, may not be considered and will be returned to the bidder. The bidder assumes the risk of any delay in the mail or in the handling of the mail by employees of Albany County. Whether sent by mail or by means of personal delivery, the bidder assumes responsibility for having his bid deposited on time at the place specified.
- 4.3 Albany County reserves the right to reject any or all bids in whole or in part, to waive any and all informalities, and to disregard all non-conforming, non-responsive or conditional bids.
- 4.4 **A site visit will be held August 19, 2021 at 10:00 AM at the Albany County Shaker Place Rehabilitation and Nursing Center, 100 Heritage Lane, Albany, New York 12211. This is the only scheduled site visit. Interested bidders are strongly urged to attend.**

SECTION 5: TERM OF BID

- 5.1 The bid shall be for the period of ***one year beginning on January 1, 2022***, Prices shall remain firm for the entire bid period.
- 5.2 At the end of the initial one year bid period, upon mutual agreement of the County and the Contractor, the agreement may be renewed for two (2) additional years, in two (2) consecutive one-year intervals. Renewal of multiple item bid awards shall be contingent upon renewal of all items; partial renewals shall not be accepted by the County.

SECTION 6: BID SECURITY

- 6.1 Each bid must be accompanied by a bid bond or certified check in the amount of 5% (five percent) drawn upon a national or state bank or trust company, to the order of the Director of Finance, Albany, County. If bid is accepted, the successful Bidder will enter into a contract for the same and will execute such further security as may be required for the performance of the contract. BID SECURITY SHALL BE INCLUDED WITH BID AT TIME OF BID OPENING; FAILURE TO DO SO MAY CAUSE REJECTION OF THE BID AS MATERIALLY INCOMPLETE.
- 6.2 The Bid Security of the successful Bidder will be retained until such Bidder has executed the contract and furnished the required Contract Security, whereupon it will be returned. If the successful Bidder fails to execute and deliver the contract and furnish the required Contract Security within fifteen (15) days of the Notice of Award, the County may annul the Notice of Award and the Bid Security of that Bidder will be forfeited.
- 6.3 Bid security of other bidders will be returned within seven (7) days after the award of contract to the successful Bidder.

SECTION 7: QUALIFICATION OF BIDDER

- 7.1 All bidders shall submit the Bidder Qualification Questionnaire as part of the bid. Each bid must contain evidence of the bidder's qualification to do business in New York State or covenant to obtain such qualification prior to award.
- 7.2 All bidders shall submit the Vendor Responsibility Questionnaire (Attachment "C") as part of the bid.
- 7.3 In addition, Albany County may make such investigations it deems necessary to determine the ability of the Bidder to perform the work. The bidder shall furnish to the County, within five (5) days of a request, all such information and data for this purpose as may be requested. The County reserves the right to reject any bid if the information submitted by, or investigation of, a bidder fails to satisfy the County that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein. Conditional bids will not be accepted.
- 7.4 All bidders must document five (5) or more years in the business of providing personal laundry services for skilled nursing facilities.

SECTION 8: SECTION NOT IN USE

SECTION 9: DISQUALIFICATION

- 9.1 The County reserves the right to refuse to issue Bidding Documents to a prospective bidder should such bidder be in default for any of the following reasons:

- (a) Failure to comply with any pre-qualification regulations of the County, if such regulations are cited, or otherwise included, in the Bidding Documents as a requirement for bidding.
 - (b) Bidder's failure to pay, or satisfactorily settle, all bills due for labor and materials on former contracts in force (with the Owner) at the time the County issues the Bidding Documents to a prospective bidder.
 - (c) Bidder's default under previous contracts with the County.
 - (d) Bidder's unsatisfactory work on previous contracts with the County.
- 9.2 Bids received from bidders who have previously failed to complete contracts within the time required, or who have previously performed similar work in an unsatisfactory manner, may be rejected. A bid may be rejected if the bidder cannot show that it has the necessary ability, plant and equipment to commence the work at the time prescribed and thereafter to perform and complete the work at the rate or within the time specified. A bid may be rejected if the bidder is already obligated for the performance of other work which would delay the commencement, performance or completion of the work.
- 9.3 Albany County reserves the right to reject any bid if the information submitted by, or investigation of, such bidder fails to satisfy the County that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein.
- 9.4 Bids will be considered irregular and shall be subject to rejection for the following reasons:
- (a) If the bid is on a form other than that furnished by Albany County, or, if the Albany County's form is altered, or, if any part of the bidding documents is detached.
 - (b) If there are unauthorized additions, conditional or alternate pay items, or irregularities of any kind which make the bid incomplete, indefinite, or otherwise ambiguous.
 - (c) If the bid is not accompanied by the bid security specified by the Albany County.

SECTION 10: SECTION NOT IN USE

SECTION 11: NON-COLLUSIVE BIDDING CERTIFICATE

- 11.1 All bidders bidding under the provisions of the specifications are subject to the provisions of Section 103 of the General Municipal Law of the State of New York. A signed Non-Collusive Bidding Certificate (Attachment "A") is required to be submitted with each bid on the form provided by the County.

SECTION 12: BID FORM

- 12.1 The Bid Form is attached hereto; additional copies may be obtained from the County.
- 12.2 Bids must be made on the Bid Form provided by the County. The Bid Form must be completed in ink or by typewriter. The Bid Form must also be signed by an authorized representative of the bidder.
- 12.3 Bids by corporations must be executed in the corporate name by the president or a vice-president (or other corporate officer accompanied by evidence of authority to sign on behalf of the corporation) and the corporate seal must be affixed by the secretary or an assistant secretary. The corporate address and state of incorporation must be shown below the signature.
- 12.4 Bids by partnerships must be executed in the partnership name and signed by a partner, whose title must appear under the signature. The official address of the partnership must be shown below the signature.
- 12.5 All names must be printed or typed below the signature.
- 12.6 The bid must contain an acknowledgment of receipt of all Addenda (the number of which will be filled in on the Bid Form).
- 12.7 The address to which communications regarding the bid are to be directed must be included on the Bid Form.

SECTION 13: EQUIVALENT GOODS

- 13.1 Manufacturers name brands are listed to indicate minimum requirements and bidding may be on brands listed, (if specified), or equivalent. Specifications shall be furnished by bidder to support equivalency. In the event of any claim by any unsuccessful bidder concerning or relating to the issue of "equal or better" or "or equal", the successful bidder agrees, that his own cost and expense, to defend such claim or claims and agrees to hold the County of Albany free and harmless from any and all claims for loss or damage arising out of this transaction for any reasons.

SECTION 14: SPECIFICATION CLARIFICATION

- 14.1 All inquiries with respect to this Request for Bids must be directed to the Albany County Purchasing Agent as follows:

Karen A. Storm
 Albany County Purchasing Agent
 112 State Street, **Room 1000**
 Albany, NY 12207
 Telephone: (518) 447-7140

Facsimile: (518) 447-5588
 Email: Karen.storm@albanycountyny.gov

- 14.2 All questions about the meaning or intent of the specifications must be submitted to the aforementioned designated person in writing. Replies will be issued by Addenda mailed or delivered to all parties recorded as having received the bidding documents. Questions received less than four (4) days prior to the date of submission of bids will not be answered. The County will be bound only by responses given by formal written Addenda.

SECTION 15: BID EVALUATION

- 15.1 Bids shall remain valid until:

- (a) the execution of a contract by Albany County; or
- (b) the award of a purchase order by Albany County; or
- (c) as otherwise rejected by Albany County.

- 15.2 Bids received will be evaluated by Albany County and will be based, as a minimum, upon the following criteria:

- (a) Lowest total bid cost and projected timetable for completion of services and/or delivery of goods described herein;
- (b) Completeness of the bid; and
- (c) Bidder's demonstrated capabilities and professional qualifications.

- 15.3 The County reserves the right to award this contract on a per item or aggregate basis, whichever is most beneficial to the County of Albany. Bidders need not submit bids for all items listed to be eligible for an award of this contract.

- 15.4 The County reserves the right to purchase items pursuant to General Municipal Law 103 from New York State Contracts, other County, political subdivision or district contracts, or other Governmental Agency or New York State Preferred Sources within its discretion.

SECTION 16: MODIFICATION AND WITHDRAWAL OF BIDS

- 16.1 Bids may be modified or withdrawn at any time prior to the opening of bids by an appropriate document duly executed (in the manner that a bid must be executed) and delivered to the place where bids are to be submitted.
- 16.2 If, prior to awarding of the contract or within three days after opening, whichever period is shorter, any bidder files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material and

substantial mistake in the preparation of its bid, that bidder may withdraw its bid and the bid security will be returned.

SECTION 17: AWARD OF BID

- 17.1 After the award has been approved by the proper County governing authority, the successful bidder will be issued a Notice of Award. A notice of contract award shall not be binding upon the County until the contract has been fully executed by both parties.

The following documents shall be incorporated, to the extent deemed appropriate in the sole discretion of the County, within the contract between Albany County and the apparent successful Bidder: the successful Bidder's bid, this Request For Bids and any written Addenda issued by Albany County in response to inquiries of prospective bidders as set forth in Section 12.2 hereof.

SECTION 18: PERFORMANCE BOND

- 18.1 A separate Performance Bond in a form satisfactory to the Albany County Purchasing Agent and the Albany County Attorney, or its cash equivalent, equal to **100% (one hundred percent)** is required of the successful Bidder. The successful Bidder to whom the contract is awarded shall within seven (7) days after the date of notification of the acceptance of its bid, provide security as required by the contract in a form acceptable by the County.

In case of its failure to do so, or in case of its failure to give further security as herein prescribed, the successful Bidder will be considered as having abandoned the same and the certified check or other bid security accompanying its bid shall be forfeited to the County of Albany.

- 18.2 Albany County reserves the right to waive the required Performance Bond provided the successful Bidder is able to provide other forms of assurances for completion of its services in a timely manner.

SECTION 19: INSURANCE REQUIREMENTS

- 19.1 The successful Bidder will be required to procure and maintain at its own expense the following insurance coverage:

- (a) **Workers' Compensation and Employers Liability Insurance:** A policy or policies providing protection for employees in the event of job-related injuries.
- (b) **Automobile Liability Insurance:** A policy or policies with the limits of not less than \$500,000 combined for each accident because of bodily injury sickness or disease, sustained by any person, caused by accident, and arising out of the ownership, maintenance or use of any automobile for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobile.

- (c) **General Liability Insurance:** A policy or policies of comprehensive all-risk insurance with limits of not less than:

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

19.2 Each policy of insurance required shall be of form and content satisfactory to the Albany County Attorney.

- (a) Albany County shall be named as an additional named insured on all liability policies.
The bid number must appear on policy.

- (b) The policy shall not be changed or canceled until the expiration of thirty (30) days after written notice to Albany County. It shall be automatically renewed upon expiration and continued in force unless Albany County is given at least thirty (30) days written notice to the contrary.

19.3 No work shall be commenced under the contract or purchase order until the successful Bidder has delivered to the County Purchasing Agent or his designee proof of issuance of all policies of insurance required by the contract to be procured by the successful Bidder. If at any time, any of said policies shall expire or become unsatisfactory to the County, the successful Bidder shall promptly obtain a new policy and submit proof of insurance of the same to the County for approval. Upon failure of the successful Bidder to furnish, deliver and maintain such insurance as above provided, the contract or purchase order may, at the election of the County, be forthwith declared suspended, discontinued or terminated. Failure of the successful Bidder to procure and maintain any required insurance shall not relieve the successful Bidder from any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligations of the successful Bidder concerning indemnification.

SECTION 20: INDEMNIFICATION

20.1 The successful Bidder shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including, without limitation, reasonable attorneys' fees) arising out of, or in consequence of, any negligent or intentional act or omission of the successful Bidder, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

SECTION 21: REMEDY FOR BREACH

21.1 In the event of a breach by CONTRACTOR, CONTRACTOR shall pay to the COUNTY all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the COUNTY to procure a substitute contractor to satisfactorily complete

the contract work, together with the COUNTY's own costs incurred in procuring a substitute contractor.

SECTION 22: DELIVERY AND PAYMENT

- 22.1 All bid prices shall include freight and shall be quoted F.O.B. destination.
- 22.2 Prior to payment, the items furnished and or work performed will be inspected by the Purchasing Agent or his designee to determine their conformity to specification. No payment will be made for items or work not meeting specification.
- 22.3 Payment will be made upon the submission of a completed Albany County Claim Form.
- 22.4 ALBANY COUNTY IS NOT SUBJECT TO FEDERAL, STATE OR LOCAL TAXES.

SECTION 23: CASH DISCOUNT

- 23.1 Cash discounts may be offered by a bidder for prompt payment of bills, but such cash discounts will not be taken into consideration in determining the low bidder.
- 23.2 For purposes of any applicable cash discount, the payment date shall be calculated from the receipt of invoice or final acceptance of the goods, whichever is later.

SECTION 24: SECTION NOT IN USE

SECTION 25: MACBRIDE PRINCIPLES

- 25.1 Contractor/Proposer hereby represents that said contractor/proposer is in compliance with the MacBride Principles of Fair Employment as set forth in Albany County Local Law No. [3] for 1993, in that said contractor/proposer either (a) has no business operations in Northern Ireland or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Principles, and shall permit independent monitoring of their compliance with such principles. In the event of a violation of this stipulation, the County reserves all rights to take remedial measures as authorized under section 4 of Local Law No. [3] in 1993, including, but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the contract/proposer in default and/or seeking debarment or suspension of the contractor/proposer.
- 25.2 In the case of a contract which must be let by competitive sealed bidding, whenever the lowest bidder has not agreed to stipulate to the conditions set forth in this section, and another bidder who has agreed to stipulate to such conditions has submitted a bid within five percent of the lowest bid for a contract to supply goods, services or construction of comparable quality, the contracting entity shall refer the contract to the County Legislature, which shall determine whether the lowest bidder is responsible. In making such determination, the County Legislature may consider, as a factor bearing on responsibility, whether the lowest bidder discriminates in employment in Northern Ireland.

25.3 As used in this section, the term “contract” shall not include contracts with government and non-profit organizations, contracts awarded pursuant to an emergency procurement procedure or contracts, resolutions, indentures, declarations of trust or other instruments of authorizing or relating to the authorization, issuance, award, sale or purchase of bonds, certificates of indebtedness, notes or other fiscal obligations of the County, provided that the policies of this section shall be considered when selecting managing underwriters in connection with such activities.

25.4 The provisions of this section shall not apply to contracts for which the County receive funds administered by the United States Department of Transportation, except to the extent Congress has directed that the Department of Transportation not withhold funds from states and localities that choose to implement selective purchasing policies based on agreement to comply with the MacBride Principles, or to the extent that such funds are not otherwise withheld by the Department of Transportation.

SECTION 26: Section not in use

SECTION 27: Section not in use

**SECTION 28: OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)
CONSTRUCTION SAFETY AND HEALTH COURSE**

28.1 In compliance with NYS Labor Law Sec. 220-h, the contract required for the construction, reconstruction, maintenance and/or repair of the public work herein described, where the total cost of all work to be performed is at least TWO HUNDRED FIFTY THOUSAND (\$250,000.) DOLLARS, shall require that all laborers, workers, and mechanics employed in the performance of the work on the public work site either by the Contractor, sub-contractor or other person doing or contracting to do the whole or a part of the work herein described, shall be certified prior to performing any work on the project as having successfully completed a course in construction safety and health approved by the U.S. Department of Labor’s Occupational Safety and Health Administration that is at least ten hours in duration.

SECTION 29: AFFIRMATIVE ACTION REQUIREMENTS

29.1 It is the policy of the County of Albany that Minority Business Enterprises (MBE) and Woman Business Enterprises (WBE) are afforded the maximum opportunity to participate in the performance of contracts, in excess of \$100,000, let by the County and its several agencies and authorities. The County commits itself to a goal oriented Contract Compliance Program which assures that Minority Business Enterprises and Woman Business Enterprises are considered in awarding contracts for goods, services and construction. Furthermore, it is the policy of the County of Albany that contractors and subcontractors utilize minority and women labor to the greatest extent feasible.

29.2 In bidding on this contract, the contractor acknowledges an understanding of this policy. The contractor shall carry out the policy by making every reasonable effort to award contracts and

subcontracts to MBEs and WBEs and utilizing minority and women labor in the performance of this contract.

- 29.3 In an effort to assist contractors with compliance attached you will find the following:
Article SC19-Affirmative Action Plan and Department of Affirmative Action Compliance Forms.

SECTION 30: SECTION NOT IN USE

SECTION 31: INTERPRETATION

- 31.1 In the event of any discrepancy, disagreement or ambiguity among the documents which comprise this RFB, and/or, the Agreement (between the County and the successful bidder/proposer) and its incorporated documents, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement or ambiguity: 1) the Agreement; 2) the RFB; 3) the Contractor's bid.

SECTION 32: NON APPROPRIATIONS CLAUSE

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

SECTION 33: IRANIAN ENERGY SECTOR DIVESTMENT

- 33.1 Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment", in that said Contractor/Proposer has not:
- (a) Provided goods or services of \$20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
 - (b) Acted as a financial institution and extended \$20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.
- 33.2 Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

33.3 Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals must certify and affirm the following under penalties of perjury:

- (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 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 NYS Finance Law Section 165-a (3)(b)."

Albany County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

33.4 Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefor. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis 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 County of Albany has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Albany would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

SECTION 34: STORMWATER MANAGEMENT PROGRAM

34.1 Bidder understands that Albany County is a regulated entity subject to the SPDES General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-15-003), and must comply with the terms and conditions of the aforementioned Permit. Bidder further understands that under the New York State Environmental Conservation Law, it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards, and that Albany County adopted Local Law 7 of 2007 enabling the County to take action against any discharges that cause or contribute to a violation of water quality standards. Bidder agrees to comply with the terms and conditions of the SPDES General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (GP-0-15-

003) as well as Albany County Local Law No. 7 for 2007 and any Best Management Practices developed pursuant to the foregoing, as established in Albany County's Stormwater Management Program Plan. Bidder also agrees to implement any corrective actions identified by Albany County or a representative pursuant to the above regulations, and further understands that any non-compliance by the County will not diminish, eliminate, or lessen Bidder's own liability. **Awarded bidder shall execute and deliver to the County a certification statement acknowledging the above provisions prior to commencing any work (see Sheet MS4-1/Attachment "E").**

SECTION 35: SECTION NOT IN USE

BID IDENTIFICATION

Title: Personal Laundry Services

Requesting Department: Albany County Shaker Place Rehabilitation and Nursing Center

Bid Number: 2021-114

SCOPE OF SERVICES

- 4.1 Service will be provided by the successful bidder (hereafter known as Vendor). Vendor specializes in servicing personal laundry and has the appropriate equipment to do so most efficiently.
- 4.2 Personal Laundry will generally consist of, but is not limited to, common articles of male and female clothing, outerwear, and personal blankets.
- 4.3 As each cart per unit is picked up, it will be separated and washed at Vendor's plant. All pants dresses and shirts will be hung on sturdy metal hangers. All socks and undergarments shall be bagged separately, by unit. After the laundry is processed it will be delivered to the Shaker Place Rehabilitation and Nursing Center in the same cart that is designated to that unit.
- 4.4 Pricing is to be based on a six (6) day per week (non-consecutive day) schedule. Delivery schedules shall be arranged to minimize the time soiled linen is stored in the facility, with days and times being mutually agreed upon. Should a scheduled delivery fall on a vendor-observed holiday, a mutually agreeable alternate delivery day will be arranged.
- 4.5 The vendor will detail provision of service to the facility in the event of a natural disaster, labor disruption, equipment/transportation failure or other event that may interrupt the agreed upon schedule of service delivery.
- 4.6 Vendor will offer an exchange cart system for each unit or area in the Shaker Place Rehabilitation and Nursing Center. All carts will be provided by vendor and will be cleaned with a detergent and disinfectant after each use.
Each cart is to be cleaned and disinfected after each use following Center for Disease Control (CDC) guidelines.
- 4.7 The vendor must be familiar with, and process linens in accordance with the CDC guidelines for environmental infection control in health care facilities and should be familiar with the recommendations of the CDC.
- 4.8 Estimated annual personal laundry generated is 255,000 lbs.
- 4.9 Service shall also include the laundering of customer-owned wet mops estimated at 20,000 lbs. dry weight per year. Wet mops shall be laundered separately from the personal clothing using appropriate procedures and chemicals. The vendor will supply two carts for the exchange of soiled and clean wet mops. Pricing shall be based on a six (6) day per week schedule.

COUNTY OF ALBANY

BID FORM

BID IDENTIFICATION:

Title: **Personal Laundry Services**
 Bid Number: **2021-114**

THIS BID IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
 Albany County Department of General Services
 Purchasing Division
 112 State Street, Room 1000
 Albany, NY 12207

1. The undersigned BIDDER proposes and agrees, if this Bid 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 Bid and in accordance with the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the Disposition of Bid Security. This Bid may remain open for ninety (90) days after the day of Bid opening. BIDDER will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in this Contract, that:
 - (a) BIDDER 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 acknowledged) and also copies of the Notice to Bidders and the Instructions to Bidders;

- (b) BIDDER 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 BIDDER deems necessary;

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- (c) This Bid 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; BIDDER has not directly or indirectly induced or solicited any other BIDDER to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or a corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for himself any advantage over any other Bidder or over the owner.
4. BIDDER will complete the Work for the following prices(s): (Attach Bid Proposal)
5. BIDDER agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. BIDDER 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 Bid:
- (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")
 - (e) MS-4-1 Certification Statement RE: Stormwater Discharges (Attachment "E")
7. Communication concerning this Bid shall be addressed to:
- _____
- _____
- _____
- Phone: _____
8. Terms used in this Bid have the meanings assigned to them in the Contract and General Provisions.

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COUNTY OF ALBANY

BID FORM

BID IDENTIFICATION:

Title: **Personal Laundry Services**
 Bid Number: **2021-114**

	Cost per pound
Personal Laundry/Clothing	\$
Customer owned Cubicle Curtains	\$

COMPANY:

ADDRESS:

CITY, STATE, ZIP:

TEL. NO.:

FAX NO.:

FEDERAL TAX ID NO.:

REPRESENTATIVE:

E-MAIL:

SIGNATURE AND TITLE:

DATE:

BF3

COUNTY OF ALBANY

BID FORM

BID IDENTIFICATION:

Title: **Personal Laundry Services**

Bid Number: **2021-114**

THIS BID IS SUBMITTED TO:

Karen A. Storm, Purchasing Agent
Albany County Department of General Services
Purchasing Division
112 State Street, Room 1000
Albany, NY 12207

1. The undersigned BIDDER proposes and agrees, if this Bid 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 Bid and in accordance with the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the Disposition of Bid Security. This Bid may remain open for ninety (90) days after the day of Bid opening. BIDDER will sign the Contract and submit the Contract Security and other documents required by the Contract Documents within fifteen days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in this Contract, that:

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

Date **8/23/21**

Number: **1**

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

- (b) BIDDER 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 BIDDER deems necessary;

BF1

- (c) This Bid 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; BIDDER has not directly or indirectly induced or solicited any other BIDDER to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or a corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for himself any advantage over any other Bidder or over the owner.
4. BIDDER will complete the Work for the following prices(s): (Attach Bid Proposal)
5. BIDDER agrees to commence the Work within the number of calendar days or by the specific date indicated in the Contract. BIDDER 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 Bid:
- (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")
 - (e) MS-4-1 Certification Statement RE: Stormwater Discharges (Attachment "E")
7. Communication concerning this Bid shall be addressed to:
- PAUL MASSARDI PLAZA Linen Service
629 Plank Rd
Clifton Park N.Y. 12065
 Phone: 518 857-3117
8. Terms used in this Bid have the meanings assigned to them in the Contract and General Provisions.

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

Paul Massari

Signature

owner

Title

PLAZA Linen Service

Company Name

8/23/21

Date

ATTACHMENT "B" **ACKNOWLEDGMENT BY BIDDER**

If Individual or Individuals:

STATE OF NY)
COUNTY OF Saratoga) SS.:

On this 28 day of August, 2021, before me personally appeared Paul Massaroni 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.

Deborah A Seisburg
01SA6113529
Notary Public, State of New York
Qualified in Saratoga County
My commission expires AUGUST 2nd, 2024

Deborah A Seisburg
Notary Public, State of NY

Qualified in Saratoga

Commission Expires August 2, 2024

If Corporation:

STATE OF _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 200____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, 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.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF _____)
COUNTY OF _____) SS.:

On the _____ day of _____, 200____, 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: ☐ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Plaza Linen Service		3. IDENTIFICATION NUMBERS a) FEIN # 141709420 b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD: PAUL MASSARONI DBA PLAZA Linen Service		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 629 Plank Rd Clifton Park NY 12065		7. TELEPHONE NUMBER 518 383-6975	8. FAX NUMBER 518 688-3030
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name PAUL MASSARONI Title owner Telephone Number 518 857-3117 Fax Number 518 688-3030 e-mail PMASSARONI@ADL.COM			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME PAUL MASSARONI	TITLE owner	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. ☐ Yes ☒ No			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: 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> ☐ Yes ☒ No b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No			

16.	WITHIN THE PAST (5) 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: a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 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; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 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; 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 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract. b) 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? c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. federal, state or local health laws, rules or regulations.	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No
17.	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? 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."	☐ Yes ☒ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: 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> 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> c) Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No
19.	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? 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.	☐ Yes ☒ No
20.	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.	☐ Yes ☒ No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:	☐ Yes	☒ 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

FEIN #

State of: NY)
County of: Saratoga) 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

Signature of Owner

Address

Printed Name of Signatory

City, State, Zip

Title

Sworn before me this 23 day of August, 2021:
Notary Public

Deborah A Saisburg
01SA6113529
Notary Public, State of New York
Qualified in Saratoga County
My commission expires AUGUST 2nd, 2024

Printed Name

Signature

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.

Ramona Masini

Signature

owner

Title

PLAZA Linen Service

Company Name

8/23/21

Date

ATTACHMENT "E"

Sheet MS4-1: Bidder/Proposer Certification Statement (to be used with Section 34 Part A – General Contracts)

As a bidder seeking to provide services on behalf of Albany County, I certify under penalty of law that I understand and agree to comply with the terms and conditions of the New York State Pollutant Discharge Elimination System ("SPDES") General Permit for Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4 Permit) and Albany County Local Law 7 of 2007, and agree to implement any Best Management Practices or corrective actions identified by Albany County or an authorized representative thereof as necessary to maintain compliance. I understand that Albany County must comply with the terms and conditions of the aforementioned MS4 Permit, and that it is unlawful for any person to directly or indirectly cause or contribute to a violation of water quality standards. I am also aware that County Local Law 7 of 2007 prohibits any activities that cause or contribute to a violation of the County's SPDES permit. Further, I understand that any non-compliance by Albany County will not diminish, eliminate or lessen my own liability.

Name of Third Party Entity: _____

Address: _____

Phone Number(s): _____

Description of activities to be performed by your firm or organization within Albany County are related to the Albany County Storm Water Management Program (SWMP) (include any activities that have the potential to generate or prevent pollution and/or affect water quality):

Description of where the work is to be performed within Albany County facilities:

Paul Massaroni

Signature

PAUL MASSARONI

Printed Name

owner

Title

8/23/21

Date

COUNTY OF ALBANY

BID FORMBID IDENTIFICATION:

Title: **Personal Laundry Services**
 Bid Number: **2021-114**

	Cost per pound
Personal Laundry/Clothing	\$.48
Wet Mops	\$.48
Customer owned Cubicle Curtains	\$.48

COMPANY: Plaza Linen Service
 ADDRESS: 629 Plank Rd
 CITY, STATE, ZIP: Clifton Park N.Y. 12065
 TEL. NO.: 518 857-3117
 FAX NO.: 518 688-3030
 FEDERAL TAX ID NO.: 14 170 9420
 REPRESENTATIVE: PAUL MASSARONI
 E-MAIL: Pmassaroni@AOL.com
 SIGNATURE AND TITLE: Paul Massaroni owner
 DATE: 8/23/21



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

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Larry Slatky
Shaker Place Rehabilitation and Nursing Center

FROM: Karen Storm *Karen Storm*
Purchasing Agent

DATE: August 26, 2021

RE: RFB #2021-114, Personal Laundry Services

I am in receipt of your recommendation to award the aforementioned Request for Bids to Plaza Linen in the amount of \$150,000.00

As Plaza Linen is the low responsive and responsible bidder, I concur with your recommendation.

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

RESOLUTION NO. 286**AUTHORIZING AN AGREEMENT WITH PLAZA LINEN SERVICE
REGARDING RESIDENTIAL LAUNDRY SERVICES AT THE SHAKER
PLACE REHABILITATION AND NURSING CENTER**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into the second of two one-year renewal options with Plaza Linen Service regarding residential laundry services at the Shaker Place Rehabilitation and Nursing Center in the amount of \$105,000 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Executive Director indicated that Plaza Linen Service will pick up soiled residential clothing from the Shaker Place Rehabilitation and Nursing Center and clean and return the clothing as directed by nursing home staff, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into the second of two one-year renewal options with Plaza Linen Service, Clifton Park, NY 12065 regarding residential laundry services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$105,000 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote - 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

September 1, 2021

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

Dear Chairman Joyce:

Shaker Place Rehabilitation and Nursing Center respectfully requests the approval to enter into a contract with Celtic Consulting which will provide Minimum Data Set case management review services. This consultation will include clinical education and supervision, medical record oversight and review, opportunities to improve resident care through observation and clinical assessments and hands-on consultation to the nursing and therapy staff. They will also validate all case mix documentation prior to submission to ensure compliance with CMS, New York State Department of Health and PDPM documentation.

The total not to exceed amount of this twelve (12) month agreement which will commence on January 1, 2022 will be \$190,000.00. Celtic Consulting was chosen through RFP-2021-109 and they were the sole bidder.

We respectfully request to enter into this agreement with Celtic Consulting.

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-2694, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Celtic Consulting to Provide MDS Case Management Review Services

Date: August 30, 2021
Submitted By: Larry I. Slatky
Department: Shaker Place Rehabilitation and Nursing Center
Title: Executive Director
Phone: 518-213-8940
Department Rep.
Attending Meeting: Larry I. Slatky

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☒ Professional Services

☐ Education/Training

☐ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Celtic Consulting, LLC

507 East Main Street

Suite 308

Torrington, Conn. 06790

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$190,000.00

Scope of Services: Celtic Consulting will provide MDS clinical supervision, education, medical record oversight and review, opportunities to improve resident care through observation, clinical assessments and hands-on consulting to nursing and therapy staff. Will also validate case mix documentation prior to submission to ensure compliance with PDPM.

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: 44069

Appropriation Amount: \$190,000.00

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Term

Term: (Start and end date) 1/1/2022-12/31/2022

Length of Contract: 12 months

Impact on Pending Litigation Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 284-2020

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

Celtic Consulting has been instrumental in assuring that MDS our documentation reimbursement process is correct and captures all of the care being provided by the clinicians to ensure proper reimbursement from all third party payor's and CMS and NYSDOH audits. MDS consultation is invaluable to our clinical staff.

COUNTY OF ALBANY

REQUEST FOR PROPOSALS

SHAKER PLACE REHABILITATION AND NURSING CENTER



RFP 2021-109

MDS CASE MANAGEMENT REVIEW SERVICES

**ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
KAREN A. STORM, PURCHASING AGENT
112 STATE STREET, ROOM 1000
ALBANY, NY 12207**

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION
112 STATE STREET, ROOM 1000, ALBANY, NY 12207
TELEPHONE: 518-447-7140/ FAX: 518-447-5588

TITLE: MDS Case Management Review Services

RFP NUMBER: 2019-109

Receipt Confirmation Form

Please complete and return this confirmation form as soon as possible:

Karen A. Storm
Purchasing Agent
County of Albany
112 State Street, Room 1000
Albany, NY 12207

**IF YOU PLAN TO SUBMIT A PROPOSAL, YOU MUST RETURN
THIS FORM TO ENSURE THAT YOU WILL RECEIVE ALL
FURTHER COMMUNICATION REGARDING THIS RFP.**

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

If a Bidders/Proposers meeting has been arranged for this Bid/RFP, please indicate if you plan to attend:
☐ Yes / ☐ No

I authorize the County of Albany to send further correspondence that the County deems to be of an urgent nature by the following method (check):

Fax Number: _____ E-Mail: _____

COUNTY OF ALBANY
DEPARTMENT OF GENERAL SERVICES
PURCHASING DIVISION
112 STATE STREET, ROOM 1000
ALBANY, NY 12207

NON-PROPOSER RESPONSE

RFP #2021-109

The Albany County Department of General Services, Purchasing Division, is interested in the reasons why bidders/proposers fail to submit bids/proposals. Please indicate your reason(s) by checking all appropriate item(s) below and returning this form to the above address.

- ☐ Could not meet Scope of Services.
- ☐ Items or materials requested not manufactured by us or not available to our company.
- ☐ Insurance requirements too restricting.
- ☐ Bond requirements too restricting.
- ☐ Scope of Services not clearly understood or applicable (too vague, too rigid, etc.).
- ☐ Project not suited to firm.
- ☐ Quantities too small.
- ☐ Insufficient time allowed for preparation of bid/proposal.
- ☐ Other reasons; please state and define: _____

Vendor Name: _____

Contact Person: _____

Vendor Address: _____

Vendor Telephone: _____

**NOTICE TO PROPOSERS -- ALBANY COUNTY
REQUEST FOR PROPOSALS #2021-109**

Sealed Proposals for **MDS Case Management Review Services** as requested by **Shaker Place Rehabilitation and Nursing Center** will be received by the Albany County Purchasing Agent, Room 1000, 112 State Street, Albany, New York 12207 until 4:30 PM, local time on Friday, August 6, 2021.

Request for Proposal (RFP) documents may be obtained at the office of the Albany County Purchasing Agent, as noted above. RFP documents may be available for download from the Empire State Bid System website at <http://www.empirestatebidsystem.com>, **starting** by close of business (4:30 p.m.) on Thursday, July 22, 2021.

Karen A. Storm
Purchasing Agent

Dated: July 15, 2021
Albany, New York

PUBLISH ONE DAY -- JULY 22, 2021 -- THE EVANGELIST
PUBLISH ONE DAY -- JULY 22, 2021 -- THE TIMES UNION

COUNTY OF ALBANY
REQUEST FOR PROPOSALS
MDS CASE MANAGEMENT REVIEW SERVICES
SHAKER PLACE REHABILITATION AND NURSING CENTER
RFP #2021-109_____

RFP DISTRIBUTION- *IMPORTANT NOTICE*

The County of Albany officially distributes RFP documents through the Purchasing Division Office or through the Empire State Bid System website at <http://www.empirestatebidsystem.com>. Copies of RFP documents obtained from any other source are not considered official documents. Only those vendors who obtain proposal documents from either the Purchasing Division Office or the Empire State Bid System are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Albany County Purchasing Division or the Empire State Bid System, it is strongly recommended that you obtain an official copy.

SECTION 1: PURPOSE

- 1.1 The County of Albany is seeking proposals for **MDS Case Management Review Services** as requested by the Albany County Shaker Place Rehabilitation and Nursing Center.
- 1.2 The County objective is to enhance the Nursing Home Case Mix Index (CMI), which impacts Medicare and Medicaid reimbursement.

SECTION 2: RECEIPT OF PROPOSALS

- 2.1 Five (5) copies, and (1) electronic copy on CD or flash drive, of the Proposal and other required documents must be submitted, sealed in an opaque envelope clearly marked with the name and number of the Proposal and the name and address of the Proposer. Proposals must be received no later than **4:30 P.M. on FRIDAY, AUGUST 06, 2021**, at the following address:

Karen A. Storm
 Albany County Purchasing Agent
 112 State Street, **Room 1000**
 Albany, New York 12207

- 2.2 The Proposal submitted by the individual Proposer(s) is the document upon which Albany County will make its initial judgment regarding the Proposer's qualifications, understanding of the County's scope and objectives, methodology, and ability to complete services under the contract.

- 2.3 Those submitting Proposals do so entirely at their expense. There is no express or implied obligation by Albany County to reimburse any firm or individual for any costs incurred in preparing or submitting Proposals, preparing or submitting additional information requested by the County, or for participating in any selection interviews.
- 2.4 Submission of any Proposal indicates acceptance of the conditions contained in the RFP, unless clearly and specifically noted otherwise in the Proposal.
- 2.5 Albany County reserves the right to reject any and all Proposals, in whole or in part, submitted in response to its RFP.
- 2.6 Albany County reserves the right to waive any and all informalities and to disregard all non-conforming, non-responsive or conditional Proposals.
- 2.7 Albany County may, at any time by written notification to all Proposers, change any portion of the RFP described and detailed herein.
- 2.8 Proposals will be examined and evaluated by Shaker Place Rehabilitation and Nursing Center (Shaker Place).
- 2.9 During the evaluation of Proposals, the County may require clarification of information or may invite Proposers to an oral presentation to amplify and or validate Proposal contents.

SECTION 3: QUALIFICATION OF PROPOSER

Provide a statement of Proposer qualifications including:

- 3.1 Provide the name, a brief history and description of your firm.
- 3.2 Identify your firm's professional staff members who will be involved in the County engagement and the experience each possesses and the location of the office from which each work.
- 3.3 Name and title of person(s) authorized to bind the Proposer, together with the main office address, and telephone number (including area code).
- 3.4 Detail your firm's experience with MDS Case Management Review Services.
- 3.5 Provide at least two (2) references from similar projects including name, addresses and telephone numbers.
- 3.6 Provide any additional information that would distinguish your firm in its service to Albany County.
- 3.7 Proposer shall include a completed "Vendor Responsibility Questionnaire" (Attachment "C") with the Proposal.

- 3.8 In addition, Albany County may make such investigations it deems necessary to determine the ability of the Proposer to perform the work. The Proposer shall furnish to the County , within five (5) days of a request, all such information and data for this purpose as may be requested. The County reserves the right to reject any Proposal if the information submitted by, or investigation of, such Proposer fails to satisfy the County that such Proposer is properly qualified to carry out the obligations of the contract and to complete the work contemplated therein. Conditional Proposals will not be accepted.

SECTION 4: SCOPE OF SERVICES

- 4.1 Professional Services Organization focused exclusively on assisting Skilled Nursing Facility improve patient care. Identify areas of opportunity based upon caregiver observations, staff interviews and clinical assessments, along with on-site review of medical record documentation.
- 4.2 Recommendations should highlight both the clinical and financial impact of services, which are supported under Medicare guidelines.
- 4.3 Service plan for Shaker Place to ensure accurate & appropriate reimbursement, provide ongoing staff education and improve documentation compliance.
- 4.4 The key elements of service will include a consultant being on-site at Shaker Place each month to focus on the following:
1. Auditing and evaluation of existing supporting documentation including, but not limited to: ADL and Discipline specific coding in order to determine necessary case management strategies and education.
 2. Individualized Medicare and Medicaid Case Mix medical record audits for MDS accuracy, MDS supporting documentation, therapy documentation, nursing documentation, physician certification completion and medical necessity.
 3. Patient-specific clinical case management strategies and associated impact.
 4. Ongoing facility staff education.
 5. Comprehensive written report.
 6. Monthly Medicare Part A reimbursement analysis.
 7. Therapy Program analysis and consultation.
 8. UB-04 Diagnosis Coding Audit.
 9. Off-site access to Clinical consultants in between site visits.
 10. Formal and informal educational in-services conducted at the facility during scheduled site visits to include but not limited to:
 - Medicare Entitlement, Eligibility and Coverage Criteria
 - Medicare Nursing Documentation in a Skilled Nursing Facility
 - Medicare Rehabilitation Documentation in a Skilled Nursing Facility
 - ADL Coding Accuracy

- Medicare Resource Utilization Groups (RUG-IV)
- Restorative Nursing Program Development
- New York State Specific Case Mix Reimbursement Criteria
- Rehabilitation Program Development

4.5 Firm should employ a diverse group, including but not limited to PT, OT, SLP, and RN clinical staff.

4.6 Firm shall include one (1) AANAC RAC Master Trainer.

4.7 Firm must be familiar with and have a working relationship with NetHealth. This cost for the facility must be included in the annual cost.

SECTION 5: TERM OF CONTRACT:

5.1 The contract period shall be for an initial term of one year. At the end of the initial one year contract term the agreement may be renewed for two (2) additional years, in two (2) consecutive one-year intervals, and upon mutual agreement of the County and the Contractor.

5.2 The successful Proposer shall execute a contract with the County of Albany in substantial conformance with this RFP as prepared and approved by the County Attorney.

SECTION 6: COST PROPOSAL:

6.1 Submit a cost proposal for the services described above in Section 4, Scope of Services, and on the Cost Proposal Form included herein.

6.2 Detail the fee structure for the Proposal. Provide hourly rates and reimbursable costs if not included in the lump sum.

6.3 Provide any other relevant information that will assist the County in evaluating your Proposal.

SECTION 7: PROPOSAL SUBMISSIONS

7.1 In order for the County to conduct a uniform review process of all proposals, proposals must be submitted in the format set forth below. Failure to follow this format may be cause for rejection of a proposal because adherence to this format is critical for the County's evaluation process:

SECTION I:

Title Page - The title page should reflect the Request for Proposal subject, name of the proposer, address, telephone number and contact person.

Table of Contents - The Table of Contents must indicate the material included in the proposal by section and page number.

SECTION II:

Qualification / Experience - The Qualification / Experience section must address proposer's qualifications and experience to carry out the requested service, inclusive of, but not limited to: qualification to do business in NYS, number of years in business and length of experience.

Resumes - Resumes of professional staff members who will be involved in the County engagement must be included in this section.

SECTION III:

References - The References section must include references from similar type projects.

SECTION IV:

Plan Implementation - The Plan Implementation Section must address the Scope of Services in terms of the proposer's plan to carry out the requested service.

SECTION V:

Cost Proposal Section - The Cost Proposal Section must include all costs associated with the proposer's plan to carry out the requested service. Any cost proposal forms furnished by the County must be included in this section.

SECTION VI:

Mandatory Documentation - The Mandatory Documentation Section must include: The Non-Collusive Bidding Certificate (Attachment "A"), Acknowledgment by Proposer (Attachment "B"), and Vendor Responsibility Questionnaire (Attachment "C"); Iranian Energy Divestment Certification (Attachment "D").

SECTION 8: PROPOSAL EVALUATION

8.1 Proposals will remain valid until the execution of a contract by Albany County, unless otherwise rejected consistent with this RFP.

- 8.2 Proposals received will be evaluated by a committee with representation from the Albany County Shaker Place Rehabilitation and Nursing Center. Proposals shall be evaluated based upon the following:

CRITERIA	WEIGHT
Quality and comprehensiveness of all aspects of proposal	30%
Demonstrated history of providing similar services to facilities of similar size and type	25%
Qualifications and experience of personnel providing services	20%
Cost proposal	15%
Client references	10%

- 8.3 Proposals will be examined and evaluated by the Shaker Place Rehabilitation and Nursing Center with the advice of the Albany County Purchasing Agent to determine whether the requirements of this RFP are met and to make a recommendation to the Albany County Executive, the Albany County Contracts Administration Board or the County Legislature for a contract award.

- 8.4 A notice of contract award shall not be binding upon the County until the contract has been fully executed by both parties

SECTION 9: NOT NEEDED

SECTION 10: ALTERNATIVES

- 10.1 Proposer may include in its Proposal items not specified in this RFP, which it would consider pertinent. All such alternatives must be listed separately from the Proposal and the cost thereof must be separate and itemized.

SECTION 11: INDEMNIFICATION

- 11.1 The successful Proposer shall defend, indemnify and save harmless the County, its employees and agents, from and against all claims, damages, losses and expenses (including without limitations, reasonable attorneys' fees) arising out of, or in consequence of, any negligent or intentional act or omission of the successful Proposer, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

SECTION 12: SPECIFICATION CLARIFICATION

- 12.1 All inquiries with respect to this Request for Proposals must be directed to the Albany County Purchasing Agent as follows:

Karen A. Storm
 Albany County Purchasing Agent
 112 State Street, **Room 1000**
 Albany, NY 12207
 Telephone: (518) 447-7140
 Facsimile: (518) 447-5588
 Email: Karen.storm@albanycountyny.gov

- 12.2 All questions about the meaning or intent of the specifications must be submitted to the aforementioned designated person in writing. Replies will be issued by Addenda mailed or delivered to all parties recorded as having received the proposal documents. Questions received less than four (4) days prior to the date of submission of Proposals will not be answered. The County will be bound only by responses given by formal written Addenda.

- 12.3 Other than the contact person identified in the Proposal, or their designee, prospective Proposers shall not approach County employees during the period of this RFP process about any matters related to this RFP or any proposals submitted pursuant thereto.

SECTION 13: MODIFICATION AND WITHDRAWAL OF PROPOSALS

- 13.1 Proposals may be modified or withdrawn at any time prior to the opening of Proposals by an appropriate document duly executed (in the manner that a Proposal must be executed) and delivered to the place where Proposals are to be submitted.
- 13.2 If within twenty-four (24) hours after the Proposals are opened, any Proposer files a duly signed written notice with the County and promptly thereafter demonstrates to the reasonable satisfaction of the County that there was a material and substantial mistake in the preparation of its Proposal, that Proposer may withdraw its Proposal and the Proposal Security will be returned. Thereafter, that Proposer will be disqualified from making a further or additional proposal on the work contemplated by this RFP.
- 13.3 Each proposal shall state that it is an irrevocable offer for a period of ninety (90) days from the Proposal opening date. After expiration of the irrevocable offer period, if no contract award has been made, a Proposal may be withdrawn if the Proposer does so in writing directed to the County Purchasing Agent; otherwise, Proposals remain in effect consistent with the terms of this RFP.

SECTION 14: PROPOSAL SECURITY

- 14.1 No proposal security is requested for this Proposal.

SECTION 15: INSURANCE AND SECURITY REQUIREMENTS

15.1 The successful Proposer will be required to procure and maintain at its own expense, the following insurance coverage:

- (a) **Worker's Compensation and Employer's Liability Insurance:** A policy or policies providing protection for Employees in the event of job related injuries.
- (b) **Automobile Liability Insurance:** A policy or policies of insurance with the limits of not less than \$500,000 combined for each accident because of bodily injury sickness or disease, sustained by any person, caused by accident, and arising out of the ownership, maintenance or use of any automobile for damage because of injury to or destruction of property, including the loss of use thereof, caused by accident and arising out of the ownership, maintenance or use of any automobile.
- (c) **General Liability Insurance:** A policy or policies or comprehensive all-risk insurance with limits of not less than:

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

15.2 Each policy of insurance required shall be of form and content satisfactory to the Albany County Attorney:

- (a) Albany County shall be named as an additional insured on all liability, professional medical malpractice, and errors and omissions policies. **Proposal number must appear on insurance certificate.**
 - (b) The policy shall not be changed or canceled until the expiration of thirty (30) days after written notice to Albany County. It shall be automatically renewed upon expiration and continued in force unless Albany County is given at least thirty (30) days written notice to the contrary.
- 15.3 No work shall be commenced under the contract until the successful Proposer has delivered to the County Purchasing Agent or his designee proof of issuance of all policies of insurance required by the Contract to be procured by the successful Proposer. If at any time, any of said policies shall expire or become unsatisfactory to the County, the successful Proposer shall promptly obtain a new policy and submit proof of insurance of the same to the County for approval. Upon failure of the successful Proposer to furnish, deliver and maintain such insurance as above provided, the contract may, at the election of the County, be forthwith declared suspended, discontinued or terminated. Failure of the successful Proposer to procure and maintain any required insurance, shall not relieve the successful Proposer from

any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligations of the successful Proposer concerning indemnification.

SECTION 16: REMEDY FOR BREACH

- 16.1 In the event of a breach by CONTRACTOR, CONTRACTOR shall pay to the COUNTY all direct and consequential damages caused by such breach, including, but not limited to, all sums expended by the COUNTY to procure a substitute contractor to satisfactorily complete the contract work, together with the COUNTY's own costs incurred in procuring a substitute contractor.

SECTION 17: CASH DISCOUNT

- 17.1 Cash discounts may be offered by a Proposer for prompt payment of bills, but such cash discounts will not be taken into consideration in determining the low Proposer.
- 17.2 For purposes of any applicable cash discount, the payment date shall be calculated from the receipt of invoice or final acceptance of the goods, whichever is later.

SECTION 18: FREEDOM OF INFORMATION LAW

- 18.1 Confidential, trade secret or proprietary materials as defined by the laws of the State of New York must be clearly marked and identified as such upon submission. Proposers intending to seek an exemption from disclosure of these materials under the Freedom of Information Law (New York State Public Officers Law, Sections 84-90) must request the exemption in writing, at the time of the submission of the materials, setting forth the reason for the claimed exemption. In addition, the proposer must mark each page of its submission on which there appears any material claimed to be protected as confidential or proprietary with the following legend, in bold face, capital letters at the top of each page: "THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE NEW YORK STATE FREEDOM OF INFORMATION LAW". Acceptance of the claimed materials does not constitute a determination on the exemption request, which determination will be made in accordance with statutory procedures.

SECTION 19: MACBRIDE PRINCIPLES

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

- 19.2 In the case of a contract which must be let by competitive sealed bidding, whenever the lowest bidder has not agreed to stipulate to the conditions set forth in this section, and another bidder who has agreed to stipulate to such conditions has submitted a bid within five percent of the lowest bid for a contract to supply goods, services or construction of comparable quality, the contracting entity shall refer the contract to the County Legislature, which shall determine whether the lowest bidder is responsible. In making such determination, the County Legislature may consider, as a factor bearing on responsibility, whether the lowest bidder discriminates in employment in Northern Ireland.
- 19.3 As used in this section, the term “contract” shall not include contracts with government and non-profit organizations, contracts awarded pursuant to an emergency procurement procedure or contracts, resolutions, indentures, declarations of trust or other instruments of authorizing or relating to the authorization, issuance, award, sale or purchase or bonds, certificates of indebtedness, notes or other fiscal obligations of the County, provided that the policies of this section shall be considered when selecting managing underwriters in connection with such activities.
- 19.4 The provisions of this section shall not apply to contracts for which the County receive funds administered by the United States Department of Transportation, except to the extent Congress has directed that the Department of Transportation not withhold funds from states and localities that choose to implement selective purchasing policies based on agreement to comply with the MacBride Principles, or to the extent that such funds are not otherwise withheld by the Department of Transportation.

SECTION 20: PRIVACY OF PERSONAL HEALTH INFORMATION

- 20.1 In order to comply with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CONTRACTOR, (deemed a BUSINESS ASSOCIATE as defined at 45 CFR § 164.501), its employees, administrators and agents shall not use or disclose Protected Health Information (PHI), (as defined in 45 CFR § 164.501) other than as permitted or required by this AGREEMENT with the COUNTY (deemed a HYBID ENTITY as defined at 45 CFR § 164.504) or as Required By Law (as defined in 45 CFR § 164.501). The CONTRACTOR shall maintain compliance with all U.S. Department of Health and Human Services, Office for Civil Rights, policies, procedures, rules and regulations applicable in the context of this AGREEMENT.
- 20.2 OBLIGATIONS, ACTIVITIES AND PERMITTED USES AND DISCLOSURES
- a. Except as otherwise limited in this AGREEMENT, the CONTRACTOR may use PHI for the proper management and administration of the CONTRACTOR, to perform functions, activities or services for, or on behalf of COUNTY as specified in the Scope of Services contained in this AGREEMENT or to carry out the legal responsibilities of the CONTRACTOR as required by the Scope of Services, provided that such use or disclosure would not violate the Privacy Rule (as defined in 45 CFR Part 160 and Part 164, subparts A and E) if done by the COUNTY or the minimum necessary policies and

procedures of the COUNTY. Except as otherwise limited in this AGREEMENT, the CONTRACTOR may disclose PHI for the proper management and administration of the CONTRACTOR and to perform functions, activities or services for, or on behalf of COUNTY as specified in the Scope of Services of this AGREEMENT, provided such disclosures are Required By Law or reasonable assurances are obtained that the information will remain confidential, be used or disclosed solely for the purpose it was disclosed or as Required By Law, and that any violation of such confidentiality will be reported to CONTRACTOR

- b. The CONTRACTOR agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided by this AGREEMENT, and, upon knowledge of a violation, to mitigate any known harmful effects of such a disclosure. The CONTRACTOR shall immediately report to the COUNTY any use or disclosure of PHI not provided by this AGREEMENT of which it becomes aware. The CONTRACTOR shall ensure any agents and subcontractors of the CONTRACTOR to the extent allowed by this AGREEMENT, to whom PHI is supplied, created, used or maintained on behalf of the COUNTY, shall be bound by the requirements of this Article.
- c. The CONTRACTOR shall provide access to PHI in a designated record set in accordance with 45 CFR § 164.524. The CONTRACTOR shall make any amendments to PHI in a designated record set that the COUNTY directs or agrees to in accordance with 45 CFR § 164.526. The CONTRACTOR shall make available the information required to provide an accounting of disclosures in accordance with 45 CFR § 164.528.
- d. The CONTRACTOR shall make internal practices, books, records, including policies and procedures on PHI received from, or created or received by the CONTRACTOR on behalf of the COUNTY available to the Secretary of the Department of Health and Human Services or his designee for the purposes of determining the CONTRACTOR's compliance with this Article.

20.3 TERMINATION

- a. Upon the COUNTY'S knowledge of a breach or violation of this Article by the CONTRACTOR, the COUNTY, pursuant to 45 CFR § 164.504(e)(2)(iii), may terminate the AGREEMENT if it determines that such a breach violated a material term of this Article. Notwithstanding that, the COUNTY may provide an opportunity for the CONTRACTOR to cure the breach or end the violation within a time set by the COUNTY and, if cure is not possible or does not occur within the time limit, immediately terminate the AGREEMENT without penalty. If neither termination nor cure is feasible, the COUNTY shall report the violation to the Secretary.
- b. Upon termination of this AGREEMENT, if feasible, the CONTRACTOR, shall return or destroy all PHI received from, or created or received by the CONTRACTOR on behalf of the COUNTY that the CONTRACTOR still maintains in any form and retain no copies of such information, or, if such return or destruction is not feasible, extend the protections of this AGREEMENT to the information and limit further uses and

disclosures to those purposes that make the return or destruction of the information not feasible.

SECTION 21: ANTIDISCRIMINATION CLAUSE

21.1 Pursuant to Section 220-E of the NYS Labor Law, regarding provisions in contracts prohibiting discrimination on account of race, creed, color or national origin in employment of citizens upon public works, the Contractor agrees: (a) That in the hiring of employees for the performance of work under this contract or any subcontract hereunder, no contractor, subcontractor, nor any person acting on behalf of such contractor or subcontractor, shall by reason of race, creed, color, disability, gender, marital status, military status, sexual orientation or national origin discriminate against any citizen of the state of New York who is qualified and available to perform the work to which the employment relates; (b) That no contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed, color, disability, gender, marital status, military status, sexual orientation or national origin; (c) That there may be deducted from the amount payable to the contractor by the state or municipality under this contract a penalty of fifty dollars for each person for each calendar day during which such person was discriminated against or intimidated in violation of the provisions of the contract; (d) That this contract may be cancelled or terminated by the state or municipality, and all moneys due or to become due hereunder may be forfeited, for a second or any subsequent violation of the terms or conditions of this section of the contract; and (e) The aforesaid provisions of this section covering every contract for or on behalf of the state or a municipality for the manufacture, sale or distribution of materials, equipment or supplies shall be limited to operations performed within the territorial limits of the state of New York.

SECTION 22: NOT NEEDED

SECTION 23: INTERPRETATION

23.1 In the event of any discrepancy, disagreement or ambiguity among the documents which comprise this RFP, and/or, the Agreement (between the County and the successful Proposer) and its incorporated documents, the documents shall be given preference in the following order to interpret and to resolve such discrepancy, disagreement or ambiguity: 1) the Agreement; 2) the RFP; 3) the Contractor's proposal.

SECTION 24: NON APPROPRIATIONS CLAUSE

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

SECTION 25: IRANIAN ENERGY SECTOR DIVESTMENT

25.1 Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled “Iranian Energy Sector Divestment”, in that said Contractor/Proposer has not:

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

25.2 Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

25.3 Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals must certify and affirm the following under penalties of perjury:

- (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 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 NYS Finance Law Section 165-a (3)(b).

Albany County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

25.4 Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefor. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis 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 County of Albany has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Albany would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

SECTION 26: NOT NEEDED

SECTION 27: NOT NEEDED

SECTION 28: NOT NEEDED

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: MDS Case Management Review Services

RFP Number: 2021-109

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, 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;

- (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:

Phone: _____

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: MDS Case Management Review ServicesRFP Number: 2021-109

Total Annual cost: \$ _____

COMPANY:

ADDRESS:

CITY, STATE, ZIP:

TEL. NO.:

FAX NO.:

FEDERAL TAX ID NO.:

REPRESENTATIVE:

E-MAIL:

SIGNATURE AND TITLE

DATE

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

Title

Date

Company Name

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 _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, 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.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

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: ☐ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS #	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable)	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER	8. FAX NUMBER
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name Title Telephone Number Fax Number e-mail			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME	TITLE	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. ☐ Yes ☐ 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:			
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and positon elected or appointed to, and dates of service</i>		☐ Yes ☐ 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>		☐ Yes ☐ No	

16.	WITHIN THE PAST (5) 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:	
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 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; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 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; 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 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☐ No
b)	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?	☐ Yes ☐ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. federal, state or local health laws, rules or regulations.	☐ Yes ☐ No
17.	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? 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."	☐ Yes ☐ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: 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> 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> c) Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
19.	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? 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.	☐ Yes ☐ No
20.	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.	☐ Yes ☐ No

21.	IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES:	☐ Yes	☐ 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**

FEIN #

State of:)
) ss:
County of:)

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 and 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

Signature of Owner _____

Address

Printed Name of Signatory _____

City, State, Zip

Title

Sworn before me this ____ day of _____, 20 ____;

Notary Public_____
Printed Name_____
Signature_____
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

 Title

 Date

 Company Name

SECTION I**RFP-2021-109****MDS CASE MANAGEMENT REVIEW SERVICES****CELTIC CONSULTING, LLC****507 EAST MAIN STREET****SUITE 308****TORRINGTON, CONNECTICUT 06790****860-321-7413****AUTHORIZED DESIGNEE OF CELTIC CONSULTING:****MAUREEN MCCARTHY, PRESIDENT & CEO**

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SECTION II

To Whom It May Concern,

Celtic Consulting has had the privilege to function as the MDS Case Management Review consultant over the course of the past three years and is pleased to know the value brought to Shaker Place Rehabilitation and Nursing Center. We appreciate the positive feedback your organization provided and would be honored to have the opportunity to continue supporting Shaker Place Rehabilitation and Nursing Center in our capacity as consultants and advisors.

Celtic Consulting is a post-acute care advisory firm concentrated in clinical operations and regulatory compliance. Founded in 2001, it serves hundreds of clients across the country as Regulatory and Operational subject matter experts and from National, Regional, and State Professional Associations as innovative thought leaders.

For two decades our consultants have provided end-to-end guidance for Reimbursement and Regulatory matters, Clinical Performance, and Enhancement initiatives, Patient Driven Payment Model (PDPM)/Minimum Data Set (MDS), and Case Mix Index (CMI), Quality Improvement strategies, Compliance solutions, Medical Coding and Billing, and Litigation Support for Post-Acute Care.

The firm's philosophy is based on the foundation that maintaining compliance within an organization contributes to peace of mind and appropriate reimbursement. The firm values the unique qualities of each client and the circumstances contributing to project goals and objectives. Recognized for building a solutions framework with the client from the first contact through completion results in successful, integrated, sustainable outcomes.

Celtic provides expert analysis of MDS 3.0 Assessment, documentation components and the impact of key fields on reimbursement of claims to the Medicare program. This work is ongoing for multiple facilities across the country.

Our associates implement monitoring, oversight and educational programs to assist clients in Case Mix Index (CMI) improvement and increases in daily Medicaid payment rates.

The firm currently partners with a number of organizations to prevent or remediate decreased revenue following the recent implementation of CMS' PDPM payment system. Celtic is skilled in launching operational assessments to reveal barriers and factors contributing to reimbursement success. By engaging our clients in multi-prong action plans, we have assisted in providers sustaining gains with multiple payment sources.

Celtic equips our partners with efficient processes and utilizes our expertise to identify opportunities for advancement in clinical reimbursement operations.

Additionally, Celtic has experience as an Independent Review Organization (IRO) for CMI audits under the direction of the Office of the Medicaid Inspector General (OMIG) along with legal partner JMJ Healthcare Compliance Group, LLC. Additional services have included OMIG Audit Review Appeals on behalf of SNF Providers, as well as OMIG Compliance Auditing, with experience in 12 states with Case Mix Payment Systems.

Celtic's committed resources are professionals with numerous years of hands-on managerial and subject matter experience. Associates are subject matter experts with the current PDPM payment model, productivity and efficiency, and documentation integrity. The Associates' use of real-world experiences as an MDS Coordinator for skilled nursing facilities helps to foster the development of creative, outcome-driven solutions for organizations.

Our team is comprised of registered nurses, physical therapists, educators, legal nurse consultants and billers who have held a variety of positions in long-term care facilities. Celtic's Associates are under the guidance of Maureen McCarthy, is the Medicare and MDS 3.0 Advisor to the New York State Health Facilities Association (NYSHFA) and Connecticut Association of Health Care Facilities (CAHCF), and was selected to provide education nationally as an American Health Care Association (AHCA) PDPM Academy faculty member. As education is a valuable component of our approach, our employees receive frequent education pertaining to industry updates and changes valuable to our clients.

Associates have an in-depth working knowledge of a number of software programs, including: NetHealth, Casamba, Rehab Optima. Celtic is also an authorized PointClickCare partner. The slight increase in Celtic Consulting's annual cost is representative of the increased costs for the facility's rehab software platform, NetHealth.

Our firm partners with a variety of post-acute care providers, including skilled nursing facilities, facility management companies, assisted living facilities and intermediate care facilities.

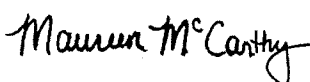
During the pandemic caused by COVID-19, Celtic was able to continue to provide Shaker Place Rehabilitation and Nursing Center with seamless consulting service and is confident in its ability to continue to provide continuous service should another health emergency arise.

Celtic Consulting maintains at least the minimum coverage requirements for Worker(s) Compensation and Employer's Liability Insurance, Automobile Liability Insurance, General Liability Insurance, and Certificate of Insurance is made available upon request.

The firm is endorsed by New York State Health Facilities Association (NYSHFA), Southern New York Association (SNYA) and Greater New York Health Care Facilities Association (GNYHCFA).

Thank you for the opportunity to present our experience and credentials to provide support to your organization.

Sincerely,



Maureen McCarthy, RN
President
Celtic Consulting
Phone: 860-321-7413
Email: mmccarthy@celticconsulting.org

CELTIC CONSULTING PROFESSIONAL STAFF MEMBERS ASSIGNED TO ENGAGEMENT

Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

Maureen is the President and CEO of Celtic Consulting, LLC, nationally recognized as a luminary amongst long-term care operators and clinicians for Reimbursement and Regulatory matters, Audits, and Analysis, Enhancing Operational Efficiency, Education and Litigation Support. Maureen combines clinical expertise with regulatory acuity, to assist clients with developing sustainable remediation plans. She is a registered nurse with over two decades of work experience, including direct patient care, MDS Coordinator, Director of Nursing, and Rehab Director, and Medicare biller.

Maureen has trained thousands of clinicians and administrators; **Certified as Master Teacher** for the Director of Nursing Course (DNS-MT), Master Teacher for Quality Assurance and Performance Improvement processes (QCP-MT), Master Teacher of the MDS (RAC-MT), and Master Teacher in Advanced MDS (RAC-MTA) which contains the Patient Driven Payment Model (PDPM), and Medicare Regulations. She is a Medicare & MDS 3.0 Advisor for several state affiliates, advisor to the Medicare Administrative Contractor (MAC-J13), the Medicare contractor for the National Government Services Provider Advisory Group.

Recognized for thought-leadership, Maureen presents to many long-term care associations- the American Health Care Association (AHCA), American Association of Post-Acute Care Nursing (AAPACN), and the American College of Health Care Administrators (ACHCA) amongst others. She sits on the Board of Directors for the American Association Post-Acute Care Nurses (AAPACN) and Vice-Chair of the Expert Advisory Panel for the American Association of Nurse Assessment Coordination (AANAC).

She provides webinar presentations, conducts seminars on topics relevant to the long term care industry organizations. Her publications have been in leading industry journals such as *PPS Alert*, *McKnight's Long-Term Care News*, and *Skilled Nursing News*, and authored these books:

- “The Long Term Care Compliance Toolkit” (2011).
- “ICD-10 Compliance Process Improvement and Maintenance for LTC” (2015).
- “Medicare Audits: A Survival Guide for SNF” (2016).
- “5-Star Quality Rating System Technical Users Guide” (2017).
- “A SNF's Guide to Medication Reconciliation and Drug Regimen Review” (2018).

Maureen is also the founder and CEO of MDSRescue, LLC, providing interim MDS completion services across the country.

(Resume included)

Maureen McCarthy will work from Celtic Consulting's office, located in Torrington, CT.

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Dr. Cheryl Ben-David, PT, DPT

Dr. Ben-David is the Chief Operating Officer at Celtic Consulting, LLC. She is a clinician who brings over two decades of experience, having worked in the highly regulated environment of healthcare within the US, with a focus on Compliance across, billing, reimbursement, pharmaceutical promotion, and privacy. Her areas of expertise include: Healthcare Regulatory Compliance, Revenue & Profitability Growth, Litigation Support & Investigations, Process Improvements, Efficiency, Medicare Parts A & B, HR Counsel & Advisory, Training & Leadership Mentoring, Rehabilitation Program Oversight, Team Leadership & Motivation, and Workflow Analysis. Cheryl is a Doctor of Physical Therapy, Certified Health Care Compliance (CHC), Certified Risk Adjustment Coder (CRC), Certified Professional Coder (CPC) and Certified Dental Coder, (CDC).

Combining her clinical, operational and compliance background, Cheryl has supported clients, and their counsel, to address:

- Medicare reimbursement appeals
- Compliance matters
- Independent Review Organization (IRO) monitorship
- Workflow Analysis
- Performance Improvement Plans
- Documentation Training

Cheryl's work products have been used to achieve substantial reduction of settlement amounts, as well as favorably influence redetermination decisions of denied claims.

Investigational clinical documentation reviews performed under attorney-client privilege have assisted:

- Skilled Nursing Facilities (SNF)
- Hospice Agencies
- Home Health Agencies (HHA)
- Outpatient Therapy Clinics
- National Dental Clinics
- Durable Medical Equipment Providers (DME)

Compliance audits of medical coding and billing records across the post-acute health care continuum, dental coding, and durable medical equipment services, have helped clients:

- Defend against allegations of improper billing
- Modify related policies and procedures

Cheryl's clients have turned to her as a trusted advisor - supporting business decisions in the context of both pro-active and reactive compliance engagements. The result of sustaining meaningful interactions across client's organization levels and service lines.

(Resume included)

Dr. Cheryl Ben-David will work from Celtic Consulting's office, located in Torrington, CT.

Lori Chuisano, RN, BSN, RAC-CT, QCP, DNS-CT, RAC-CTA

Lori Chuisano is the Director of Quality & Education and the Senior Lead of Clinical Reimbursement, Certified in the Resident Assessment Process (RAC-CT), and advanced course (RAC-CTA). Her advanced certifications include, Gerontological Nurse Certification through the American Nurses Credentialing Center (ANCC), Nurse Paralegal Diploma, Certified in Quality Assurance Performance Improvement, QAPI (QCP), Certified in Director of Nursing Services (DNS-CT). She brings over two decades of clinical experience in Acute and Post-Acute Care. Her work experience includes, Infection Control, Regional MDS Coordinator for (50+) multi-facility chain, Regional Clinical Reimbursement Specialist in CT, MA, NC, NY, RI, Interim Director of Nursing, Assistant Director of Nursing, MDS Director, MDS Coordinator, Clinical Evaluator, Staff Development, Nursing Supervisor, Admissions Associate, and Practical Nursing Instructor. Lori is a subject matter expert in Payroll Based Journal Staffing (PBJ) and speaks regularly on the subject. She has presented to the Association for Long-Term Care Financial Managers (ALTCFM) and is called upon to assist organizations understand the regulatory requirements for nursing home staffing practices. Further, she is recognized within the industry as an expert in matters related to Regulatory Compliance, Auditing, and Quality for Skilled Nursing Facilities (SNFs) and Hospital Swing-Bed Units. As an expert Lori has assisted numerous clients with Strategic Planning, Budget Management, Policy Development and Performance Improvement at the Enterprise and Facility levels. As the Director of Quality & Education she has designed custom educational modules for state affiliate organizations, professional association events, clients, and Celtic staff. She participated as faculty for the American Health Care Association (AHCA) at the Patient-Driven Payment Model (PDPM) Academy workshops for state affiliates in 2019. Lori is a member of The American Association of Nurse Assessment Coordination (AANAC).

(Resume included)

Lori Chuisano will work from Celtic Consulting's office, located in Torrington, CT.

Angela Dominie, RN, RAC-CT, RAC-CTA

Angela Dominie, RN, RAC-CT, RAC-CTA is a Clinical Reimbursement Associate at Celtic Consulting. She holds certifications in both Resident Assessment Coordinator Certified, RAC-CT, and the Resident Assessment Coordinator Advanced, RAC-CTA. She brings over two decades of clinical experience in Long-Term Care. Her nursing career path began as a Certified Nursing Assistant, Licensed Practical Nurse, and then a Registered Nurse. Angie's work experience includes positions as a Case Mix Coordinator, Unit Manager, and Director of Nursing, and as an MDS Director. This pathway equips Angie with exceptional communication skills. She is seen as an excellent educator and relatable as a mentor by employing a hands-on approach, which provides clients ample opportunity to practice the demonstrated concepts. Angie is a Medicare regulation expert, well-versed in PDPM, and known as a subject matter expert with New York State Case-Mix. Angie is a member of The American Association of Nurse Assessment Coordination (AANAC) and New York State Health Facilities Association (NYSHFA).

(Resume included)

Angela Dominie is located in the facility's region, and will work from Celtic Consulting's office, located in Torrington, CT. Mileage for her travel is calculated from her local address. Angela is the main associate assigned to the facility.

(THIS SECTION IS INTENTIONALLY BLANK)

MAUREEN K. MCCARTHY, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA

P.O. BOX 148

GOSHEN, CT 06756

203-565-9911 CELL | 860-321-7413 OFFICE

EMPLOYMENT**2002 to present****Celtic Consulting, LLC
President/CEO**

- Providing clinical reimbursement, clinical operations and compliance advisory services to post-acute providers across the country
- MDS/PPS/PDPM training, systems review and analysis
- Compliance auditing and reporting
- Denials Management assistance with chart review process and appeals
- Medicare Program oversight
- State agency survey preparation
- Medicare and Medicaid billing training and collections assistance

2019 to present**MDSRescue, LLC
CEO**

- An organization that provides temporary MDS completion services across the nation
- MDSRescue can provides quality temporary staff member to make certain assessments are being completed correctly and timely, which avoids revenue losses for facilities and peace of mind knowing the job is being done properly
- Complete MDS Department Oversight/ Temporary MDS Completion/ Supplemental MDS Completion
- Also provides MDS hours to submit to your Payroll-Based Journals to improve your 5-star rating and maintain compliance

2012 to present**Care Transitions, LLP
Founder, CEO**

- Development of Care Coordination and Patient Management System designed to assist individuals or caregivers by monitoring their health status
- Patient Assessment, Patient Monitoring and Prevention Procedure Development to include arrangement for: Wellness Education, Transportation, Delivery of Medicine/Medical supplies, Home Care/Companion Services, Assistance with Insurance application, etc.
- Improvement of the health status of individuals involved in Care Transitions, Reduction in spending related to unnecessary rehospitalizations, Minimized risk of CMS payment rate reduction
- Improved synchronicity between hospitals, skilled nursing facilities, home health providers and individuals

2010 to 2014**National Healthcare Associates, Inc.
Vice President of Clinical Reimbursement**

- Oversight and management of Medicare Part A & B programs for 42 facilities in 7 states with 5 different case mix systems and 3 different MACs
- Medicare Program development and compliance
- Medical record review ADR management through appeal process

2001 to 2002**Renaissance Health Care Consulting, Inc. (Dissolved 2002)
Director of Clinical Services**

- Provide leadership and guidance to clients to ensure effective clinical programs.
- Evaluate financial viability of current programs and implement measures to enhance efficiency.
- Review compliance with state and federal regulations.
- Provide oversight and assistance in Skilled Nursing Facility operations.

1994-2001**Sun Healthcare Group
Regional Program Analyst**

- Evaluate operational, financial and clinical results of the Medicare and Managed Care programs through review and audit of systems.

- Records and provides recommendations for improved effectiveness.

Rehabilitation Manager

- Assessment and review of facility Nursing and Rehabilitation programs.
- Training and education to SunBridge regional and facility staff.
- Analyzing clinical and financial data to produce optimal outcomes.

Regional Case Manager

- Financial, clinical, and operational responsibility for commercial insurance customers in the Connecticut, New Jersey and Maryland markets. (approx. 400 residents average at any given time)
- Commercial contract negotiation and evaluation to ensure profitability.
- Cost Analysis based on clinical data for all residents in 44 facilities

Clinical Services Coordinator (troubleshooter)

- Clinical oversight of 13 Western CT region facilities
- Management & training for poor performing facilities in the southern region (SC/NC/VA/KY/DE)
- Provide clinical guidance to Directors of Nursing and other clinical team members

Director of Nursing Services

- 24-hour responsibility for high quality clinical care for 120 residents.
- 3 consecutive deficiency-free state and federal surveys.
- Statistical analysis of clinical indicators, as well as budgetary compliance.

1992-1994

Nurse's Day Care

Owner/Operator – Child Care

- Financial and operational responsibility for all clients.
- Marketing presentation to grow customer base.

1989-1991

Horizon Healthcare/Greenery

MDS Coordinator

- Interdisciplinary team leader for 210 bed Skilled Nursing Facility.
- Resident Assessment Instrument completion and accuracy.
- Responsibility for state and federal regulatory compliance.
- PRI certified for screen completion.

1988-1989

Dr. Arthur Sullivan (Deceased 1989)

R.N. Office Manager

- Clinical assistance with medical/surgical procedures.
- Medicare and Commercial Insurance billing.

1986-1987

St. Mary's Hospital

Medical/ Surgical Staff Nurse

- Acute care nursing in a community based 280-bed hospital.

EDUCATION

Post University

Bachelor of Science in Business Administration 1993

Mattatuck Community College

Associate of Science in Nursing 1986

LICENSES and CERTIFICATIONS

Registered Nurse, Connecticut, License # E49444

Resident Assessment Coordinator- Certified (RAC-CT) and Master Teacher Status (RAC-MT) held
QAPI Certified Professional (QCP) and Master Teacher Status (QCP-MT) held

Director of Nursing Services- Certified (DNS-CT) and Master Teacher Status (DNS-MT) held

Resident Assessment Coordinator- Advanced Certification (RAC-CTA) and Master Teacher Status (RAC-MTA) held

AWARDS

Alpha Chi National Honor Society
 Rose Taurig Women Scholars
 American College of Health Care Administrators (ACHCA) Recipient of the 2018 Education Award

ACTIVITIES

Secretary Elect for the Board of Directors for American Association of Post-Acute Care Nurses (AAPACN)
 Expert Advisory Panel for American Association of Nurse Assessment Coordination (AANAC)
 American Health Care Association (AHCA) PDPM Academy Training Faculty
 Nationally recognized as an expert of reimbursement and skilled nursing operations, recurring speaker for multiple state and national organizations
 Long Term Care Bookkeepers Forum-Connecticut
 Medicare & MDS 3.0 Advisor for several state affiliates
 Editorial Advisor for (HCPro) PPS Alert & LTC Billing Alert magazine
 Advisor to the J13 Medicare contractor National Government Services Provider Advisory Group
 CONDONA- CT Directors of Nursing Association (former)
 CT Staff Development Coordinators association

MEMBERSHIPS

Association of Long Term Care Financial Managers- Immediate Past President
 Executive Committee/Medicare/MDS 3.0 Advisor Connecticut Association of Health Care Facilities (CAHCF)
 American College of Health Care Administrators – NY, NJ, MA & CT Chapters
 National Government Services Provider Advisory Group
 HCPro Editorial Advisor-PPS/Billing/Clinical
 New York State Healthcare Facility Association-multiple committees
 American Association of Nurse Assessment Coordinators (AANAC)
 American Association of Directors of Nursing Services (AADNS)
 American Association of Post-Acute Care Nurses (AAPACN) Gold Sponsor

AUTHORED PUBLICATIONS

“The Long Term Care Compliance Toolkit” (2011)
 “ICD-10 Compliance Process Improvement and Maintenance for LTC” (2015)
 “Medicare Audits: A Survival Guide for SNF” (2016)
 “5-Star Quality Rating System Technical Users Guide” (2017)
 “A SNF's Guide to Medication Reconciliation and Drug Regimen Review” (2018)

CHERYL BEN-DAVID, DPT

914-400-4702 • cheryl.f.bendavid@gmail.com • [LinkedIn Profile](#)

SENIOR HEALTHCARE COMPLIANCE PRACTICE LEADER

Post-Acute Care, Rehabilitation & Durable Medical Equipment Regulatory Expert – Process Improvement Catalyst

Deeply knowledgeable regulatory and compliance consultant and subject matter expert across the post-acute care continuum: Skilled Nursing Facility, Home Health, Hospice, Durable Medical Equipment, and Rehabilitation services: including Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP). Recognized for excellence in service delivery across operations process improvement and litigation investigations. Trusted team leader for both clinicians and consulting professionals. Earned reputation for delivering revenue and profit growth.

- Healthcare Regulatory Compliance
- Revenue & Profitability Growth
- Litigation Support & Investigations
- Process Improvements / Efficiency
- Workflow Analysis
- HR Counsel & Advisory
- Training & Leadership Mentoring
- Rehabilitation Program Oversight
- Team Leadership & Motivation

CAREER HIGHLIGHTS

Celtic Consulting, LLC • Torrington, CT

Current

Independent Consulting Firm for Skilled Nursing Facilities across the country

Chief Operating Officer

Analyzing internal operations to identify areas of process enhancement. Demonstrates extensive knowledge and expertise in the fields of corporate compliance and security; revenue and profitability; and billing and reimbursement compliance.

- ✓ Collaborates with the CEO in setting and driving organizational vision, operational strategy, and hiring needs
- ✓ Establishes policies that promote company culture and vision
- ✓ Leads employees to encourage maximum performance and dedication
- ✓ Translates strategy into actionable goals for performance and growth helping to implement organization-wide goal setting, performance management, and annual operating planning
- ✓ Oversees company operations and employee productivity, building a highly inclusive culture ensuring team members thrive and organizational outcomes are met
- ✓ Ensures effective recruiting, onboarding, professional development, performance management, and retention
- ✓ Adheres to company, federal, state, and local business requirements, enforcing compliance and taking action when necessary

ANKURA (FORMERLY NAVIGANT) • WASHINGTON, D.C.

2013 – 2020

Mid-sized management consulting firm with 1,400 employees serving multiple industries; acquired Navigant division in 2018

Senior Director – Disputes Investigations & Forensic Litigation, Ankura • 2018 – 2020

Retained after Navigant acquisition to serve as **healthcare regulatory and compliance expert** for post-acute care continuum (skilled nursing facilities, home health agencies, hospice services, outpatient rehab clinics and durable medical equipment). Oversaw director-level staff member while reporting to the Senior Managing Director for the practice. Served as point of contact between clients and internal teams.

- ✓ Provided litigation support to clients by reviewing/distilling large volumes of clinical information provided by rehab clinicians (PTs, OTs, SLPs) and **reporting findings in response to multimillion-dollar lawsuits and fraud allegations.**
- ✓ Served as project manager/lead reviewer; developed and managed budgets, delegated work to team including data analysts and statisticians, performed quality assurance (QA), and managed service delivery to scope of work.
- ✓ Drove compliance reviews and audits for internal processes by collaborating with internal compliance officers.
- ✓ **Secured new engagements and increased scopes of work** to expand existing contracts based on quality of work and by building strong client relationships; **delivered \$100K+ in additional revenue.**

Associate Director, Navigant • 2013 – 2018

Initially brought on to drive performance improvement engagements for Healthcare Clinical Operations and Performance Improvement team before transitioning to Healthcare Provider team focused on Disputes Investigations and Forensic Litigation.

- ✓ Earned reputation as firm-wide SME on post-acute care healthcare regulations and rehab therapy (PT, OT, and SLP).
- ✓ Appointed to lead 4-person team to **project manage build-out of a new accountable care organization (ACO).**
- ✓ Elevated utilization and value to the firm by gaining 3 coding certifications to support billable service delivery for medical coding team; later earned compliance certifications to increase capacity for compliance engagements.
 - **Increased coding team delivery efficiency by up to 30%, and expanded capacity by up to 70%.**
- ✓ **Secured new \$65K engagement** via attorney referral due to relationship cultivation and reputation for excellence.
- ✓ Earned **Rock Star of Rock Stars Award for Team Harmony** in 2017 by executive leadership team.

RSM (FORMERLY MCGGLADREY, LLP) • NEW YORK, NY

2010 – 2012

\$2B Audit, tax, and consulting firm serving multiple industries with 900+ employees

Practice	Lead	for	Clinical	Operations	&	Performance	Improvement
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Recruited full-time after consulting engagement **to build out a post-acute care practice** for the firm. Led all prospecting, client pitches, and negotiation as well as service delivery for internal clients (auditors and tax practices) and skilled nursing providers.

- ✓ **Achieved 85% win-rate on service agreement proposals** as partner for internal clients resulting in hundreds of thousands of dollars in additional revenue.
- ✓ Drove process and efficiency improvements, clinical reviews, program development, leadership training, regulatory compliance audits, and profit/revenue growth consulting for skilled nursing facilities, hospice, and home care services.
 - **Delivered up to 45% growth in revenue retention and increased billing accuracy by up to 90%.**
- ✓ **Secured new post-acute care contracts** by developing go-to-market partnership with Chicago-based contract team.
- ✓ Provided HR-related consulting including staffing model development, policy and job description updates aligned to regulatory requirements, and employee engagement strategy development.
- ✓ **Completed 18-month professional training program**, “Champions for Growth,” due to strong pipeline development.

CONSULTCBENDAVID • NEW YORK, NY

2008 – 2010

*Boutique consulting firm providing performance improvement and training for rehab departments in NY and NJ***Executive Director & Principal Consultant**

Launched and led consultancy serving skilled nursing facilities’ short and long-term programs. Delivered performance improvement, cost containment, and revenue enhancement initiatives to elevate operations, clinical outcomes, and profitability for rehab departments. Collaborated with CEOs, CFOs, Administrators, and Directors of Nursing on engagements.

- ✓ Bolstered PRI index to set Medicaid rate for next fiscal year by developing the clinical profile and services provided.
- ✓ **Turned around unprofitable rehab department** by increasing efficiency of therapy service model **by up to 75%.**
- ✓ Improved evaluation and first treatment of short-term rehab patients by up to 33% (to within 24-hours of admission).
- ✓ **Delivered 200% increase in revenue for Medicare Part B rehab services** (from just 10% to 30% per service).
- ✓ Reduced treatment plan redundancies, introduced programs and treatments, and educated clinical staff on essential elements of documentation to support services billed to Medicare.
- ✓ **Built-out robust Nursing Rehab Program** based on emerging best practices in collaboration with Director of Nursing.
- ✓ Provided HR counsel, management coaching, and new candidate selection for Director of Rehab and staff positions.

KATERI RESIDENCE NURSING & REHABILITATION CENTER • NEW YORK, NY

2006 – 2008

*520- bed skilled nursing and rehabilitation facility***Director of Rehabilitation Services • 2006 – 2008****Director of Physical Therapy • 2006 – 2006**

Initially joined to lead physical therapy services before earning promotion after 6 months to lead **35-person team of multi-discipline therapists and 10 per diem therapists** while reporting directly to the Executive Chief/Administrator. Reported out to Board of Directors quarterly and **oversaw all operations, staffing, P&L, and clinical outcomes** for the department.

- ✓ Slashed annual consulting costs by 65% and **captured \$750K in savings** in just 2 years.
- ✓ Improved **rehab staff productivity by 38%** (to 90%) and achieved **100% retention of Medicare Part B billing revenue.**
- ✓ Grew upper-tier RUG-III **billing by 60%** after transforming clinical program delivery model.
- ✓ Negotiated up to **20% reduction in agency fees** for per diem clinicians.

Previous roles included: **Manager of Rehabilitation Department** – Multiple Facilities • **Territory Pharmaceutical Sales Rep** for Schering Plough • **Regional Manager, NY & NJ** for Team Rehab • **Staff Therapist** for Burke Rehabilitation Center

EDUCATION

Doctor of Physical Therapy (DPT), Des Moines University Osteopathic Medical Center,
College of Health Sciences

Bachelor of Science in Physical Therapy, Hunter College, Brookdale Health Sciences

Licenses & Certifications

Physical Therapy State Licenses: CT, NJ, NY

Certified Information Privacy Manager (CIPM) through IAPP (in process) • Certified Health Care Compliance (CHC) •
Certified Risk Adjustment Coder (CRC) • Certified Professional Coder (CPC) • Certified Dental Coder (CDC)

PROFESSIONAL MEMBERSHIPS

International Association of Privacy Professionals (IAPP) • Health Care Compliance Association (HCCA) • American Health Law Association (AHLA) • American Academy of Professional Coders (AAPC)

Lori Chuisano, RN, BSN, RAC-CT, QCP, DNS-CT, RAC-CTA

66 Route 55 West
Sherman, CT 06784
860-350-5872 or 203-947-3262
Lchuisano@gmail.com

Summary of Qualifications

- MDS 3.0 with excellent RUG utilization performance, AANAC Member, RAC Certification
- Experienced in supervising, coordinating, scheduling, and organizing nursing staff and responsibilities.
- Have participated in policy development, performance improvement, and budget management
- Development of clinical skill sets for both licensed and unlicensed nursing personnel.
- Clinical and classroom nursing education.

Education

RAC Certification/AANAC member	AANAC	2012
Bachelor of Science in Nursing, <i>with Honors</i>	University of Phoenix	2005
Nurse Consultant/Paralegal Diploma, <i>with Honors</i>	Kaplan College	2001
ANCC Gerontological Nurse Certification	1997 - 2002	
AAS Nursing	Dutchess Community College	1994

Professional Experience

<u>Director of Quality & Education,</u>	Celtic Consulting LLC	2020-present
<u>Senior Lead for Clinical Reimbursement</u>		
<u>Director of Operations</u>	Celtic Consulting LLC	2018-2020
<u>Clinical Reimbursement Associate</u>	Celtic Consulting LLC	2015-2018
<u>Regional Clinical Reimbursement Specialist</u>	Athena Healthcare	2014-2015
Provide guidance, education, & oversight to facility MDS Coordinators pertaining to MDS/RAI/PPS processes related resident care and financial reimbursement. Responsible for 9 facilities.		
<u>Regional MDS Coordinator</u>	National Healthcare Associates	2013-2014
Provide guidance, education, & oversight to facility MDS Coordinators pertaining to MDS/RAI/PPS processes related resident care and financial reimbursement. Responsible for 10 facilities.		
<u>MDS Director</u>	Bethel Health Care	2012-2013
Managed MDS dept supervising 4 nurses and 2 secretaries with average daily Medicare A census of 75.		
<u>MDS Coordinator</u>	Glen Hill Health & Rehabilitation	2012
<u>MDS Coordinator</u>	National Healthcare Associates: Village Crest	2010-2012
<u>Clinical Evaluator</u>	National Healthcare Associates	2008-2010
<u>Practical Nursing Instructor</u>	Lincoln Technical Institute	2007-2008
Clinical & class instruction & evaluation. Clinical: St. Vincent's & Bridgeport Hospitals, SNFs as needed.		
<u>Staff Nurse: Cardiothoracic Step down</u>	Danbury Hospital	2006-2011
<u>Assistant Nurse Manager / Charge Nurse</u>	Stamford Hospital	2005-2006
Special/Intermediate Care Unit: 14-bed monitored unit for critically ill/injured & mechanically-ventilated patients.		
<u>Staff Nurse / Charge Nurse</u>	New Milford Hospital	1998-2005
<u>ADON / Day Supervisor</u>	The Kent Specialty Care Facility	1995-1998

Angela Dominie RN, RAC-CT, RAC-CTA
 (518) 260-7227

adominie76@gmail.com

15 Dawn Rd, Queensbury NY 12804

Education

SUNY Adirondack
 Southern Adirondack Educational Center
 Queensbury High School

2003 Associate Degree in Applied Science

1994 Licensed Practical Nurse Program

1993 Academic Diploma

1992 Certified Nursing Assistant Certification

Experience

Clinical Reimbursement Associate *December 2019 – Present*

Celtic Consulting | 507 East Main Street, suite 308, Torrington CT 06790

Provide education to the Interdisciplinary team which includes:

- PDPM
- MDS for the IDT
- Systems Development and Workflow
- ADL training
- Skilled Nursing Documentation
- Clinical Reimbursement Best Practices

Provide training and support to Newly Hired MDS Coordinators

Assess Accuracy of Data used to Calculate Quality Measures

Identify Facility processes that impact- 5 Star Rating, QRP, VBP, and Survey Quality Measures

Conduct and Prepare for Various Audits including Medicare, OMIG and ADT

Director of MDS August 2007 – November 2019

The Pines at Glens Falls | 170 Warren Street, Glens Falls NY 12801

Provided training and support to Newly Hired MDS Coordinators

Assessed Accuracy of Data used to Calculate Quality Measures

Actively involved in facility processes that impacted- 5 Star Rating, QRP, and Survey Quality Measures. Led weekly meetings with the IDT to discuss findings and develop QAPI plans.

Successfully prepared for audits including Medicare and OMIG with no negative findings

Previous Experience

Positions held include: Certified Nursing Assistant, Licensed Practical Nurse and Nurse Manager in the Southern Adirondack Region.

Skills

Extensive SNF experience having held many roles and positions which have included: Certified Nursing Assistant, LPN Charge Nurse, RN Unit Manager, Admissions Nurse, DNS, and Director of MDS.

PRI Certified since 2006

RAC-CT Certified since 2014

SECTION III

CELTIC CONSULTING REFERENCES**Larry Slatky, CNHA, FACHCA**

Executive Director, Shaker Place Rehabilitation and Nursing Center

100 Heritage Lane

Albany, NY 12211

Email: Larry.Slatky@shakerplace.org

Phone: 516-869-2231

Michael Hotz, LNHA, HSE, CNHA, FACHCA

Regional Administrator, The Grand Healthcare System for Central New York

1657 Sunset Avenue

Utica, NY 13502

Email: Michael.hotz58@gmail.com

Phone: 315-797-7392

Anthony Restaino

Executive Director, Norwegian Christian Home and Health Center

1250 67th Street

Brooklyn, NY 11219

Email: arestaino@nchhc.org

Phone: 718-306-5642

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CELTIC CONSULTING PLAN IMPLEMENTATION

MDS Case Management Review Services Overview

Celtic Consulting Associates will assist the Skilled Nursing Facility to improve patient care. Additionally, the scope of the engagement will include the following objectives:

- Identify areas of opportunity based upon caregiver observations, Staff interviews and clinical assessments, along with on-site review of medical record documentation;
- Assist in development of compliant practices to ensure accurate & appropriate reimbursement;
- Provide ongoing staff education;
- Improve documentation compliance.

Recommendations from Celtic Consulting will highlight both the clinical and financial impact of services, which are supported under Medicare guidelines.

The following is a list of services Celtic Consulting is able to provide to Shaker Place Rehabilitation and Nursing Center during six (6) visits on-site, or the equivalent, each month. Celtic will deliver a comprehensive written report of monthly support, including findings and recommendations. The priority and frequency of services included in the workflow may be designated by the facility, with recommendations from consultant. Some services may be provided during remote oversight, and some services may require additional fees. All additional fees and services would require facility approval.

Medicare and Medicaid Case Mix Auditing Workflow

Inaccurate or incomplete Minimum Data Set (MDS) coding may render the resident care plan insufficient to meet resident care needs; may affect Quality Measures; may result in deficiencies; and may affect reimbursement.

Auditing includes review of clinical documentation, billing practices, admitting and intake procedures. The purpose of this examination is to assess the degree of compliance to which these areas are performed in an attempt to ensure accurate reimbursement for services rendered. During the course of an audit, a broad range of activities are assessed within many departments and units through on-site inspection and interviews with your staff and residents. This includes significant processes and systems supporting the operations of the organization.

The review focuses on the following areas of the control environment:

- Admissions and patient intake
- Clinical documentation control and reporting
- Resident billing, specifically Medicare and third-party reimbursement

An audit is conducted by reviewing, compiling and analyzing information obtained from a variety of sources from throughout the organization. Specifically, information from the following sources:

- Standardized clinical records and patient billing documents
- Internal forms and control logs
- Review of daily operating practices and protocols
- Interviews with managerial, clinical and clerical personnel

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Compliance Auditing will verify:

- Accuracy of completion of CMS Form UB-04
- Appropriateness of assessment reference dates to MDS information (Medicare and Medicaid)
- Adherence to PPS and OBRA required resident assessment schedule
- Correlation of MDS information to medical record documentation
- Nursing Services documentation/ Nursing Assistant documentation
- Completeness and timeliness of Medicare required physician certification
- Completeness and timeliness of rehabilitative documentation including physical, occupational and speech therapy services
- Verification of benefits
- Appropriate use of Medicare Secondary Payer Questionnaire and Admission agreement
- Appropriate and correct sequencing of ICD-10 medical diagnosis coding
- Medicare denial notices (SNF Determination on Admission or Continued Stay, and Notice of Medicare Non-Coverage)
- Processes in place to control and organize documentation

At close of the engagement, a formal written report with our findings and recommendations will be forwarded to the facility. After facility has received report, Celtic Consulting Auditor will be available for a conference call with Interdisciplinary team for review of findings and professional recommendations.

Patient Specific Clinical Case Management Strategies and Associated Impact Workflow

Celtic is available to assist the facility staff with managing care, reimbursement and expenses; including authorization process, billing compliance, and “cost out” which identifies daily expenses per patient day.

Education Workflow

Celtic Consulting Associates may provide ongoing formal and informal trainings throughout the engagement, related to but not limited to the following concepts:

- Medicare Entitlement, Eligibility and Coverage Criteria
- Medicare Nursing Documentation in a Skilled Nursing Facility
- Medicare Rehabilitation Documentation in a Skilled Nursing Facility
- ADL Coding Accuracy
- Patient Driven Payment Model (PDPM)
- Restorative Nursing Program Development
- New York State Specific Case Mix Reimbursement Criteria
- Rehabilitation Program Development

Monthly Medicare Part A Reimbursement Analysis Workflow

Celtic may provide a monthly analysis of RUG distribution, daily rate and monthly total revenue.

Therapy Program Analysis and Consultation Workflow

A comprehensive analysis of the rehabilitation department to include but not limited to:

- Analysis of: Medicare Part A, Medicare Part B, and other Payers
- Regulatory Compliance Analysis
- Clinical Program Assessment
- Documentation Audits
- Rehabilitation Department staffing and scheduling
- Recommendations/Monthly actions plans

UB-04 Diagnosis Coding Audit Workflow

Inaccurate coding may result in reduced revenue and inaccurate clinical condition assignment. The examination will attempt to verify the existence and appropriate utilization of a variety of procedures, forms and other documentation.

Celtic Consulting Associate will assess the following:

- ICD-10 Code assignment
- Sequencing of diagnosis codes, and assignment of primary diagnosis
- Review of the medical record to ensure appropriate diagnoses are reflected
- Review of ICD-10 coding structure

Findings and professional recommendations will be detailed in a formal report and provided via email to the facility.

Monthly Medicare Clinically Appropriate Stay Analysis Workflow

Celtic is available to analyze Length of Stay (LOS) and assist the facility team to determine skilled rehab vs. non-skilled level of care to ensure clinically appropriate stays.

Patient Driven Payment Model (PDPM) Oversight Workflow

Celtic may provide continued support of facility PDPM processes. Examples of support include:

- ICD-10 Diagnosis Assignment
- Clinical Conditions Category Assignment Oversight & Collection
- Case Mix Acuity Resource
- Case Mix Index Training
- PT, OT, ST, Nursing, Non-Therapy Ancillaries Utilization & Assignment
- Revenue Optimization Category Identification
- MDS Coordinator Workflow Optimization
- Monitoring Medicare Spending
- Care/Case Management principles to reduce spending
- Rehospitalization Management
- Medical record reviews oversight

Remote Access to Celtic Consulting Associates between on-site visits

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SECTION V

COUNTY OF ALBANY

PROPOSAL FORM

PROPOSAL IDENTIFICATION:

Title: MDS Case Management Review Services

RFP Number: 2021-109

THIS PROPOSAL IS SUBMITTED TO:

Karen A. Storm, 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

None

(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;

- (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): Cost Proposal Form attached
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:
- Maureen McCarthy
-
- 507 East Main Street, Suite 308
-
- Torrington, CT 06790
-
- Phone: 860-321-7413
-
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: MDS Case Management Review Services
RFP Number: 2021-109

Total Annual cost: \$202,500

The increase of \$4,500 in Celtic Consulting's annual cost is representative of the increased costs for the facility's rehab software platform, NetHealth.

Hourly Rates

Consulting Level	Rate
Senior Lead	\$395
Lead	\$315
Associate	\$275
Support Staff	\$90

COMPANY: Celtic Consulting, LLC

ADDRESS: 507 East Main Street, Suite 308

CITY, STATE, ZIP: Torrington, CT 06790

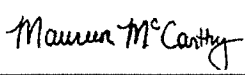
TEL. NO.: 860-321-7413

FAX NO.: 860-618-7278

FEDERAL TAX ID NO.: 13-4126428

REPRESENTATIVE: Maureen McCarthy

E-MAIL: mmccarthy@celticconsulting.org

SIGNATURE AND TITLE  , President and CEO

DATE August 3, 2021

SECTION VI

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

Maurice McCarthy

Signature

President/CEO

Title

Celtic Consulting, LLC

Company Name

8/4/2021

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 _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the _____ (give title) _____ of the _____ (name of corporation) _____, 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.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF Connecticut)
COUNTY OF Litchfield) SS.:

On the 3rd day of August, 2021, before me personally came Maureen McCarthy, 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 Celtic Consulting 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.

Sharon J. Downey
Notary Public, State of CT

Qualified in CT

Commission Expires SHARON J. DOWNEY
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2024

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 _____)
COUNTY OF _____) SS.:

On this _____ day of _____, 20____, before me personally appeared _____ to me known, who, being by me sworn, did say that he resides at (give address) _____; that he is the (give title) _____ of the (name of corporation) _____, 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.

Notary Public, State of _____

Qualified in _____

Commission Expires _____

If Partnership:

STATE OF Connecticut)
COUNTY OF Litchfield) SS.:

On the 3rd day of August, 2021, before me personally came Maureen McCarthy, 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 Celtic Consulting 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 CT

Qualified in CT

Commission Expires _____ **SHARON J. DOWNEY**

NOTARY PUBLIC

COMMISSION EXPIRES NOV 2021

ATTACHMENT "C"
ALBANY COUNTY
VENDOR RESPONSIBILITY QUESTIONNAIRE

1. VENDOR IS: ☐ PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME Celtic Consulting, LLC		3. IDENTIFICATION NUMBERS a) FEIN # 13-4216428 b) DUNS # 036624921	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) www.celticconsulting.org	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE 507 East Main Street Suite 308 Torrington, CT 06790		7. TELEPHONE NUMBER 860-321-7413	8. FAX NUMBER 860-618-7278
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE Name Maureen McCarthy Title President/CEO Telephone Number 860-321-7413 Fax Number 860-618-7278 e-mail mmccarthy@celticconsulting.org			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME Maureen McCarthy	TITLE President/CEO	b) NAME	TITLE
c) NAME James McCarthy	TITLE Owner	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. ☐ Yes ☒ No			
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS: 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> ☐ Yes ☒ No b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i> ☐ Yes ☒ No			

16.	WITHIN THE PAST (5) 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:	☐ Yes ☒ No
a)	1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process; 2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease; 3. entered into an agreement to a voluntary exclusion from bidding/contracting; 4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles; 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; 6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited; 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; 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 9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.	☐ Yes ☒ No
b)	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?	☐ Yes ☒ No
c)	been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of: 1. federal, state or local health laws, rules or regulations.	☐ Yes ☒ No
17.	IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES 1 HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY? 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."	☐ Yes ☒ No
18.	DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO: 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> 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> c) Property Tax <i>Indicate the years the vendor failed to file.</i>	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No
19.	HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES 1 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? 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.	☐ Yes ☒ No
20.	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.	☐ Yes ☒ No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES¹ : ☐ Yes ☒ 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**

FEIN #

State of: Connecticut) ss:
County of: Litchfield

13-4216428

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 and 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 Celtic Consulting, LLCSignature of Owner [Signature]

Address

567 East Main St
Suite 308Printed Name of Signatory Maureen McCrackenCity, State, Zip Torrington CT 06790

Title

PresidentSworn before me this 3rd day of August, 2021[Signature]
Notary Public**SHARON J. DOWNEY****NOTARY PUBLIC**

MY COMMISSION EXPIRES NOV. 30, 2024

SHARON J DOWNEY
Printed Name

Signature

[Signature]

Date

8/3/21

ALBANY COUNTY VENDOR RESPONSIBILITY QUESTIONNAIRE

FEIN # 13-4216428

State of:)
) ss:
 County of:)

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 and 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 Celtic Consulting, LLC

Address 507 East Main Street, Suite 308

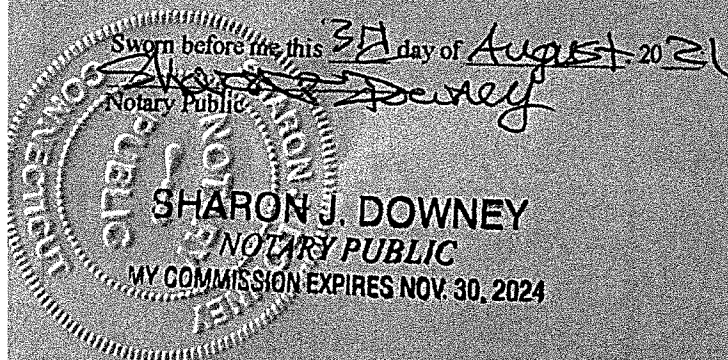
City, State, Zip Torrington, CT 06790

Signature of Owner

Maureen McCarthy

Printed Name of Signatory Maureen McCarthy

Title President, CEO



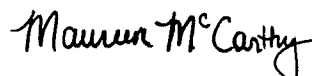
SHARON J. DOWNEY
 Printed Name

Sharon J. Downey
 Signature

8/3/21
 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

 Celtic Consulting, LLC

 Company Name

 8/4/2021
 Date



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

KAREN A. STORM
PURCHASING AGENT

MEMORANDUM

TO: Thomas Coffey
Administrator

FROM: Karen Storm *K. Storm*
Purchasing Agent

DATE: August 13, 2021

RE: RFP #2021-109 MDS Case Management Review Services

I am in receipt of your recommendation to award the aforementioned Request for Proposals to Celtic Consulting, LLC. in the amount of \$ 202,500.

As there was only one proposal submitted and the firm continues to meet our expectations, we recommend that the contract be awarded to Celtic Consulting, LLC

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

**Shaker Place Rehabilitation and Nursing Center
RFP #2021-109
MDS Case Management Review Services**

Shaker Place received one (1) proposal in response to the RFP for MDS Case Management Services. The proposal was reviewed by ACNH staff members, Tom Coffey, Administrator and Laura Vartanian, MDS Director.

Celtic Consulting's proposal demonstrated the capability and professional qualifications necessary to fulfill all aspects of the Scope of Services. Celtic is the facility's current provider for MDS Case Management Services and has assisted the facility in improving the Medicaid Case Mix Index (CMI), assisted with MDS training of new staff, as well as educating the MDS staff to improve MDS coding. These efforts have resulted in increased reimbursement to the facility.

As there was only one proposal submitted and the firm continues to meet our expectations, we recommend that the contract be awarded to Celtic Consulting, LLC

RESOLUTION NO. 284**AUTHORIZING AN AGREEMENT WITH CELTIC CONSULTING, LLC
REGARDING MINIMUM DATA SET CONSULTING SERVICES AT THE
SHAKER PLACE REHABILITATION AND NURSING CENTER**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Executive Director of the Albany County Department of Residential Health Care Facilities has requested authorization to enter into an agreement with Celtic Consulting, LLC regarding Minimum Data Set (MDS) consulting services at the Shaker Place Rehabilitation and Nursing Center in the amount of \$198,000 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Executive Director indicated that Celtic Consulting, LLC will continue to monitor and supervise MDS documentation to ensure proper reimbursement from the Medicare and Medicaid programs in addition to monitoring staff on the patient driven payment model, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Celtic Consulting, LLC, Torrington, CT 06790 regarding MDS consulting services at the Shaker Place Rehabilitation and Nursing Center in an amount not to exceed \$198,000 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

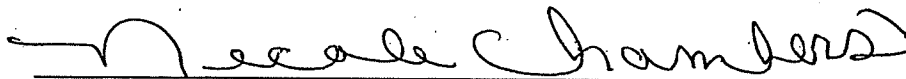
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$387,029.35
Grant Term – 1/1/2022 to 12/31/2022
Funding Source – Federal – 86.32% County – 13.68%
Budget Amendment – No
Revenue Account – A6772.04773

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2378, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, NY 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$387,029.35

Scope of Services: The provision of support services to older adults age 60 years and older residing in Albany County. Services include social adult day services, transportation, legal, and in-home contact and support.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐Anticipated in Current Budget: Yes ☒ No ☐County Budget Accounts:

Revenue Account and Line: AA6772 04773

Revenue Amount: \$387,029.35

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$439,982.00

Source of Funding - (Percentages)

Federal: 86.32%

State: Click or tap here to enter text.

County: 13.68%

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 LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

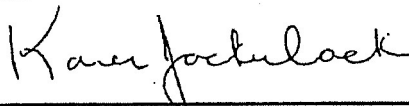
Resolution/Law Number: 287

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

To accept the Title III-B Supportive Services grant from New York State Office for Aging. This grant will provide funding for supportive services programs to benefit older adults living in Albany County. Title III-B supportive services funding supports programs that links older adults in Albany County with a wide range of services such as; social adult day services (SADS), transportation, legal services, In-home contact and support including friendly visiting and shopping assistance. These services help older adults to remain independent in their homes and their communities.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee Albany County																																																
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																	
Fiscal Year from which funds are awarded: 2021 Federal CFDA No. - 93.044 This award is New																																																	
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																															

RESOLUTION NO. 287**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE SUPPORTIVE SERVICES PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-B Supportive Services Program funding in the amount of \$345,097 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to support programs that link Albany County seniors with services such as transportation, adult day services, case management, shopping assistance, and preventative health services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-B Supportive Services Program funding in the amount of \$345,097 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

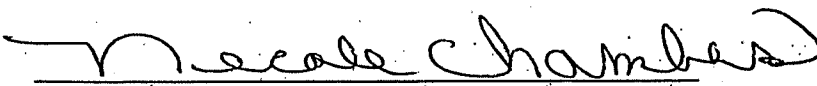
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$406,507.00
Grant Term – 1/1/2022 to 12/31/2022
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772.04774

During the past year, the Albany County Department for Aging supported congregate meal sites within the county that provided nutritious meals approved by a registered dietician to older adults. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless of age. The congregate meal program not only provides older adults with nutritious meals but also provides them with an opportunity to interact with others, thereby reducing isolation and loneliness.

From March 2020 to June 2021 the COVID pandemic shut down congregate dining and changed the program to a grab and go format, which gave older adults the ability to continue to receive a nutritious meal.

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-2379, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$406,507.00

Scope of Services: Provision of congregate meals to older adults age 60 years and older residing in Albany County.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 04774

Revenue Amount: \$406,507.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$447,157.70

Source of Funding - (Percentages)

Federal: 90%

State: Click or tap here to enter text.

County: 10%

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

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 288

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

During the past year, the Albany County Department for Aging supported congregate meal sites within the county that provided nutritious meals approved by a registered dietician to older adults. The program is open to people who are 60 years or older, or the spouse of an eligible individual regardless if age. The congregate meal program not only provides older adults with nutritious meals but also provides them with an opportunity to interact with others, thereby reducing isolation and loneliness.

From March 2020 to June 2021 the COVID pandemic shut down congregate dining and changed the program to a grab and go format, which gave older adults the ability to continue to receive a nutritious meal.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																			

RESOLUTION NO. 288**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE CONGREGATE MEALS PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-C-1 Congregate Meals Program funding in the amount of \$184,893 for the term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-C-1 Congregate Meals Program funding in the amount of \$184,893 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

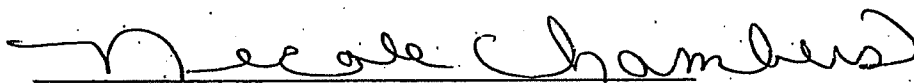
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature.



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

To accept the III-C-2 Home Delivered Meals Program grant from New York State Office for Aging. This grant funding will provide home delivered meal services to benefit older adults living in Albany County. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services.

Grant Award Amount – \$413,235.69
Grant Term – 1/1/2022 to 12/31/2022
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772.04775

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. During the past year, the program delivered meals to frail older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community.

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-2380, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$413,235.69

Scope of Services: Provision for Home Delivered Meals to older adults 60 years and older residing in Albany County.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 04775

Revenue Amount: \$413,235.69

Appropriation Account and Line: AA6772 44453

Appropriation Amount: \$454,559.26

Source of Funding - (Percentages)

Federal: 90%

State: Click or tap here to enter text.

County: 10%

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

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 289

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

To accept the III-C-2 Home Delivered Meals Program grant from New York State Office for Aging. This grant funding will provide home delivered meal services to benefit older adults living in Albany County. Home delivered meals are the most economical long-term care service and can often substitute for or delay the need for more extensive services.

The home delivered meal program provides nutritious meals to the frail older adults who are incapacitated due to accident, illness or frailty or who have inadequate support from family or friends with food shopping or meal preparation. During the past year, the program delivered nutritious meals to frail older adults that were in need of meals on a temporary or longer-term basis to maintain their health and remain independent within the community.

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																					
Fiscal Year from which funds are awarded: 2021	Federal CFDA No. - 93.045																																																				
This award is New																																																					
Section I - Cost Categories <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr><td>Personnel</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">520,000.00</td></tr> <tr><td>Food</td><td style="text-align: right; border-bottom: 1px solid black;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$520,000.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">20,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">40,849.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$459,151.00</td></tr> </tbody> </table>		Amount	Personnel	\$0.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	520,000.00	Food	0.00	Approved Costs	\$520,000.00	Less:		Anticipated Income	20,000.00	NSIP	40,849.00	Net Cost	\$459,151.00	Section II - Grantee Budget - Federal and Matching Funds: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">1. Federal Share (see remark 1)</td> <td style="width: 20%; text-align: right;">\$413,235.69</td> </tr> <tr> <td>2. Combined Matching Share</td> <td></td> </tr> <tr> <td> A. In-Kind</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td> B. Cash</td> <td style="text-align: right;">45,915.31</td> </tr> <tr> <td> C. Volunteer Match</td> <td style="text-align: right; border-bottom: 1px solid black;">0</td> </tr> <tr> <td>3. Net Cost</td> <td style="text-align: right;">\$459,151.00</td> </tr> </tbody> </table> Section III - Federal Funds Ceiling: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">A. Carryover</td> <td style="width: 20%; text-align: right;">\$212,403.69</td> </tr> <tr> <td>B. Base Allocation</td> <td style="text-align: right;">206,301.00</td> </tr> <tr> <td>C. III-B Transfer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>D. III-C-1 Transfer</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>E. Supplement</td> <td style="text-align: right; border-bottom: 1px solid black;">0.00</td> </tr> <tr> <td>Federal Funds Ceiling (see remark 1)</td> <td style="text-align: right;">\$418,704.69</td> </tr> </tbody> </table>	1. Federal Share (see remark 1)	\$413,235.69	2. Combined Matching Share		A. In-Kind	0.00	B. Cash	45,915.31	C. Volunteer Match	0	3. Net Cost	\$459,151.00	A. Carryover	\$212,403.69	B. Base Allocation	206,301.00	C. III-B Transfer	0.00	D. III-C-1 Transfer	0.00	E. Supplement	0.00	Federal Funds Ceiling (see remark 1)	\$418,704.69
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																			

RESOLUTION NO. 289**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE HOME DELIVERED MEALS PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-C-2 Home Delivered Meals Program funding in the amount of \$286,406 for the term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-C-2 Home Delivered Meals Program funding in the amount of \$286,406 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

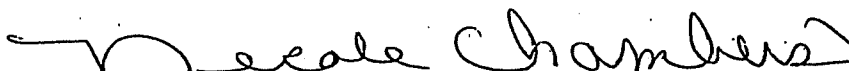
Adopted by unanimous vote - 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature.



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$39,483.37
Grant Term – 1/1/2022 to 12/31/2022
Funding Source – Federal - 90% County - 10%
Budget Amendment – No
Revenue Account – A6772.04776

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2382, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$39,483.37

Scope of Services: To accept grant funding for the provision of health promotion and disease prevention programs for older adults 60 years and older residing in Albany County.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 04776

Revenue Amount: \$39,483.37

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$43,431.71

Source of Funding - (Percentages)

Federal: 90%

State: Click or tap here to enter text.

County: 10%

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

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 285

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

NOTIFICATION OF GRANT AWARD UNDER TITLE III-D OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																					
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(XX) 5. In accordance with the grant provisions, all Title III-D Disease Prevention and Health Promotion funds may only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.																																																					
() 6. This award authorizes the payment of advances only. The award is conditional upon the approval of the Annual Implementation Plan and application referenced above, and the initial advance must be repaid if such plan and application do not receive final approval after appropriate modifications, if any.																																																					
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					

RESOLUTION NO. 285**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE MEDICATION MANAGEMENT PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-D Medication Management Program funding in the amount of \$48,615 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that the funding, which requires a 10% County match, will be used to support evidence-based health promotion, disease prevention, and recreational programs for older adults living in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-D Medication Management Program funding in the amount of \$48,615 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

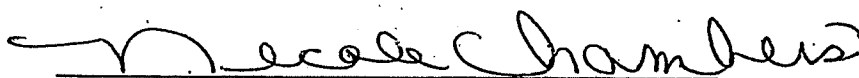
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature.



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$543,883.00
Grant Term – 4/1/2021 – 3/31/2022
Funding Source – 78% - State, 22% - 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=2397, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/23/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

Acceptance

Submission Date Deadline Click or tap to enter a date.

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

Contract Terms/Conditions:

Party (Name/address):

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

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$543,883.00
Scope of Services: Provide funding for the provision of transportation services and home delivered meals

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

CONCERNING ALL REQUESTS

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

Is there a Fiscal Impact: Yes ☒ No ☐Anticipated in Current Budget: Yes ☒ No ☐**County Budget Accounts:**

Revenue Account and Line: AA6772 03782

Revenue Amount: \$543,883.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$664,805.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 78%

County: 22%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022

Length of Contract: 12 Months

Impact on Pending LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

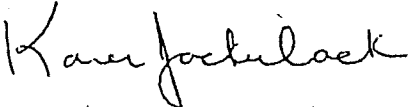
Resolution/Law Number: 292

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

**NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM**

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																						
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																							
Fiscal Year from which funds are awarded: 2021																																																							
This award is New																																																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section I - Grantee Budget</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> <tr><td>Personnel</td><td style="text-align: right;">\$60,195.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">719,917.00</td></tr> <tr><td>Food:</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$780,112.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">30,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">45,000.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$705,112.00</td></tr> </table>	Section I - Grantee Budget	Amount	Personnel	\$60,195.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	719,917.00	Food:	0.00	Approved Costs	\$780,112.00	Less:		Anticipated Income	30,000.00	NSIP	45,000.00	Net Cost	\$705,112.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section II - Grantee Budget - State and Matching Funds:</th> <th style="text-align: right;"></th> </tr> <tr><td>1. State Share (see remark 1)</td><td style="text-align: right;">\$543,883.00</td></tr> <tr><td>2. Matching Share of Net Cost</td><td></td></tr> <tr><td> A. In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td> B. Cash</td><td style="text-align: right;">161,229.00</td></tr> <tr><td> C. Volunteer Match</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Net Cost</td><td style="text-align: right; border-top: 1px solid black;">\$705,112.00</td></tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section III - State Funds Ceiling:</th> <th style="text-align: right;"></th> </tr> <tr><td>A. CSE Planning and Implementation</td><td style="text-align: right;">\$60,195.00</td></tr> <tr><td>B. CSE Project - 75%</td><td style="text-align: right;">390,480.00</td></tr> <tr><td>C. CSE Supplemental Award</td><td style="text-align: right;">93,208.00</td></tr> <tr><td>State Funds Ceiling (see remark 1)</td><td style="text-align: right; border-top: 1px solid black;">\$543,883.00</td></tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Maintenance of Effort 1985/86 Expenditure Level</td> <td style="text-align: right;">\$341,650.64</td> </tr> </table>	Section II - Grantee Budget - State and Matching Funds:		1. State Share (see remark 1)	\$543,883.00	2. Matching Share of Net Cost		A. In-Kind	0.00	B. Cash	161,229.00	C. Volunteer Match	0.00	3. Net Cost	\$705,112.00	Section III - State Funds Ceiling:		A. CSE Planning and Implementation	\$60,195.00	B. CSE Project - 75%	390,480.00	C. CSE Supplemental Award	93,208.00	State Funds Ceiling (see remark 1)	\$543,883.00	Maintenance of Effort 1985/86 Expenditure Level	\$341,650.64
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Maintenance of Effort 1985/86 Expenditure Level	\$341,650.64																																																						
Remarks: In addition to the conditions contained in the Four Year Plan, Annual Update and Application for Funding, the conditions checked below apply to this award:																																																							
(XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.																																																							
(XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed.																																																							
(XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.																																																							
() 4. Other:																																																							
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

RESOLUTION NO. 292**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE COMMUNITY SERVICES FOR THE
ELDERLY PROGRAM**

Introduced: 9/14/20

By Elder Care Committee and Ms. Willingham:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly program in the amount of \$529,813 for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner indicated that the funding, which requires a 25% County match, will be used to support transportation services, social adult daycare programs, and the Home Delivered Meals Program for adults 60 years and older who reside in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Community Services for the Elderly program in the amount of \$529,813 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

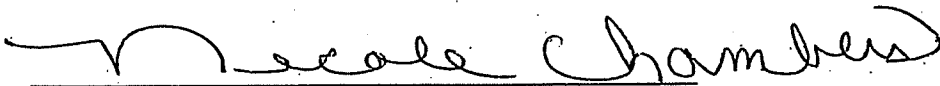
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 16th day of September, 2020.



Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$33,617.00
Grant Term – 4/1/2021 to 3/31/2022
Funding Source – Federal - 100%
Budget Amendment – No
Revenue Account – A6772.04779

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2383, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administration
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

Acceptance

Submission Date Deadline Click or tap to enter a date.

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

Contract Terms/Conditions:

Party (Name/address):

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

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$33,617.00

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

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

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

CONCERNING ALL REQUESTS

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

Is there a Fiscal Impact: Yes ☒ No ☐Anticipated in Current Budget: Yes ☒ No ☐**County Budget Accounts:**

Revenue Account and Line: AA6772 04779

Revenue Amount: \$33,617.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$33,617.00

Source of Funding - (Percentages)

Federal: 100%

State: Click or tap here to enter text.

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) April 1, 2021 - March 31, 2022

Length of Contract: 12 Months

Impact on Pending LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 290

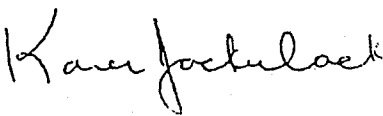
Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER THE HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE PROGRAM

Name and Address of Area Agency Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304		Name and Address of Sponsoring Agency/Payee Albany County	
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022			
Fiscal Year from which funds are awarded: 2021		This award is New	
Federal CFDA No. - 93.779			
Section I - Cost Categories:		Section II - Grantee Budget - Grant Funding:	
	<u>Amount</u>		
Personnel	\$33,999.00	Grant Share (see remark 1)	\$33,999.00
Fringe Benefits	0.00	Other Resources Cash	0.00
Equipment	0.00	Other Resources In-Kind	0.00
Travel	0.00	Net Cost	\$33,999.00
Maint. & Operations	0.00		
Other Expenses	0.00	Section III - State Funds Ceiling:	
Subcontracts	0.00	Grant Funds Ceiling	
Approved Costs	\$33,999.00	A. Federal Allocation	\$18,753.00
Anticipated Income	0.00	B. NYS Allocation	14,864.00
Net Cost	\$33,999.00	Grant Funds Ceiling (see remark 1)	\$33,617.00
Remarks: In addition to the conditions contained in the Application for Funding, the conditions below apply to this award.			
1. Reimbursement is limited to the <u>lower</u> of the Grant Share of net cost from grantee budget or the "Grant Funds Ceiling".			
2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable cost have been incurred and paid.			
3. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.			
4. The final claim must be submitted to the State Office no later than 60 days after the close of the program period.			
5. This award includes a one time supplement that is included in the federal allocation, item A., above.			
Name and Title of Authorizing Official: Karen Jackuback Deputy Director		Signature: 	Date: July 20, 2021

RESOLUTION NO. 290**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE HEALTH INSURANCE
INFORMATION, COUNSELING AND ASSISTANCE PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling and Assistance Program in the amount of \$33,284 for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner indicated that the funding will be used to help Albany County seniors understand the benefits available to them under health insurance plans for adults aged 60 years and older and their caregivers, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Health Insurance Information, Counseling and Assistance Program in the amount of \$33,284 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

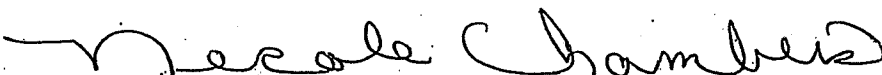
Adopted by unanimous vote - 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$233,436.09
Grant Term – 1/1/2022 to 12/31/2022
Funding Source – Federal - 75% County - 25%

Budget Amendment – No
Revenue Account – A6772.04777

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

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2384, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/22/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$233,436.09

Scope of Services: Provision of Caregiver Services for older adults residing in Albany County.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 04777

Revenue Amount: \$233,436.09

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$291,795.11

Source of Funding - (Percentages)

Federal: 75%

State: Click or tap here to enter text.

County: 25%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2022 - 12/31/2022

Length of Contract: 12 Months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 291

Date of Adoption: 9/14/2020

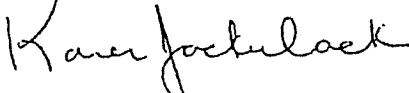
Justification: (state briefly why legislative action is requested)

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

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

New York State Office for the Aging

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

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																								
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																									
Fiscal Year from which funds are awarded: 2021	Federal CFDA No. - 93.052																																																								
This award is New																																																									
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(XX) 4. Of the federal share and local matching funds for approved program activities, no more than 10% may be spent on Grandparent Caring for Children activities and no more than 20% may be spent on Supplemental Services.																																																									
() 5. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.																																																									
() 6. Other:																																																									
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																							

RESOLUTION NO. 291**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE ELDER CAREGIVER SUPPORT PROGRAM**

Introduced: 9/14/20

By Elder Care Committee and Ms. Willingham:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging to accept Title III-E Elder Caregiver Support Program funding in the amount of \$316,744 for the term commencing January 1, 2021 and ending December 31, 2021, and

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging to accept Title III-E Elder Caregiver Support Program funding in the amount of \$316,744 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$6,450.00	Funding Source – 75% - State, 25% - County
Grant Term – 4/1/2021 – 3/31/2022	Budget Amendment – No
Revenue Account – Aging -AA6772.03785	

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2398, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/23/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$6,450.00

Scope of Services: To provide enhanced funding to congregate meal providers that promote wellness and ensure that older adults do not face unnecessary isolation through programs and education.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 03785

Revenue Amount: \$6,450.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$8,062.50

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 75%

County: 25%

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022

Length of Contract: 12 months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

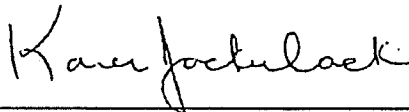
Resolution/Law Number: 293

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging is requesting the Legislature's approval for the following; To accept the Congregate Services Initiative (CSI) grant from the New York State Office for Aging. This grant funding allows the ACDFA to provide beneficial congregate services initiatives for our older adults attending congregate meal sites in Albany County. The services provided respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the community and which seek to prevent the well elderly from requiring more intensive services such as those provided under expanded non-medical in-home services and non-institutional respite service. Grant funding is used to support a range of services supported by the CSI grant which include but are not limited to; information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for families. These service initiatives promote wellness and ensure that older adults do not face unnecessary isolation and deterioration.

NOTIFICATION OF GRANT AWARD UNDER THE CONGREGATE SERVICES INITIATIVE PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																														
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																															
Fiscal Year from which funds are awarded: 2021	This award is New																																														
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(XX) 3. The Area Agency agrees that the Congregate Services Initiative Program will be administered in accordance with the program and fiscal data included in the Application for Funding and the Standard Assurances included in the Annual Implementation Plan.																																															
(XX) 4. The State share will not exceed 75% of the net allowable costs.																																															
(XX) 5. Area Agency administrative expenditures are limited to a maximum of 5% of the State Share and required local match.																																															
(XX) 6. State Funds for congregate services and the required local match must be used for allowable congregate service activities as described in 94-PI-35.																																															
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																													

RESOLUTION NO. 293**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING THE CONGREGATE SERVICES
INITIATIVE PROGRAM**

Introduced: 9/14/20

By Elder Care Committee and Ms. Willingham:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Congregate Services Initiative program in the amount of \$6,512 for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner indicated that the funding, which requires a 25% County match, will be used to support a range of services including, but not limited to, congregate meal providers, information and assistance, transportation, socialization, education, and health and wellness activities as well as caregiver support for older adults in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the Congregate Services Initiative program in the amount of \$6,512 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

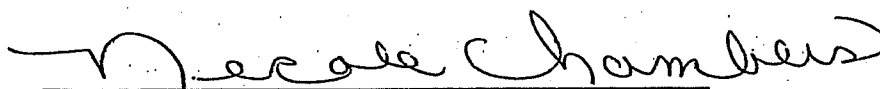
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

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

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

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

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

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

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

Grant Award Amount – \$824,665.00

Grant Term – 4/1/2021 – 3/31/2022

Funding Source – 66% - State, 34% - County

Budget Amendment – No

Revenue Account – Aging -AA6772.03781

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2399, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

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

Date: 3/23/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe

- ☐ Personnel
- ☐ Personnel Non-Individual
- ☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

Acceptance

Submission Date Deadline Click or tap to enter a date.

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

Contract Terms/Conditions:

Party (Name/address):

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

Additional Parties (Names/addresses):

Click or tap here to enter text.

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

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

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

CONCERNING ALL REQUESTS

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

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

County Budget Accounts:

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

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

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: 66%
County: 34%
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022
Length of Contract: 12 Months

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 294
Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

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

provided in-home care and case management to 1084 older adults.

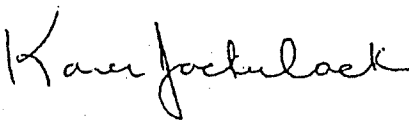
Grant funding shall be spent on direct care for seniors: in-home supportive non-medical services will be provided to Albany County residents.

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

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

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

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

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																						
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																							
Fiscal Year from which funds are awarded: 2021 This award is New																																																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section I - Grantee Budget</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> <tr><td>Personnel</td><td style="text-align: right;">\$30,000.00</td></tr> <tr><td>Fringe Benefits</td><td style="text-align: right;">0.00</td></tr> <tr><td>Equipment</td><td style="text-align: right;">0.00</td></tr> <tr><td>Travel</td><td style="text-align: right;">0.00</td></tr> <tr><td>Maint. & Operations</td><td style="text-align: right;">0.00</td></tr> <tr><td>Other Expenses</td><td style="text-align: right;">0.00</td></tr> <tr><td>Subcontracts</td><td style="text-align: right;">1,370,000.00</td></tr> <tr><td>Food</td><td style="text-align: right;">0.00</td></tr> <tr><td>Approved Costs</td><td style="text-align: right;">\$1,400,000.00</td></tr> <tr><td>Less:</td><td></td></tr> <tr><td>Anticipated Income</td><td style="text-align: right;">33,000.00</td></tr> <tr><td>NSIP</td><td style="text-align: right;">0.00</td></tr> <tr><td>Net Cost</td><td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$1,367,000.00</td></tr> </table>	Section I - Grantee Budget	Amount	Personnel	\$30,000.00	Fringe Benefits	0.00	Equipment	0.00	Travel	0.00	Maint. & Operations	0.00	Other Expenses	0.00	Subcontracts	1,370,000.00	Food	0.00	Approved Costs	\$1,400,000.00	Less:		Anticipated Income	33,000.00	NSIP	0.00	Net Cost	\$1,367,000.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section II - Grantee Budget - State and Matching Funds:</th> <th style="width: 10%;"></th> </tr> <tr><td>1. State Share (see remark 1)</td><td style="text-align: right;">\$824,665.00</td></tr> <tr><td>2. Matching Share of Net Cost</td><td></td></tr> <tr><td> A. In-Kind</td><td style="text-align: right;">0.00</td></tr> <tr><td> B. Cash</td><td style="text-align: right;">542,335.00</td></tr> <tr><td> C. Volunteer Match</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Net Cost</td><td style="text-align: right; border-top: 1px solid black;">\$1,367,000.00</td></tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Section III - State Funds Ceiling:</th> <th style="width: 10%;"></th> </tr> <tr><td>A. EISEP Planning and Implementation</td><td style="text-align: right;">\$60,195.00</td></tr> <tr><td>B. EISEP Services Allocation - 75% State</td><td style="text-align: right;">764,470.00</td></tr> <tr><td>C. EISEP Supplemental Award</td><td style="text-align: right;">0.00</td></tr> <tr><td>D. EISEP Reallocation</td><td style="text-align: right;">0.00</td></tr> <tr><td>State Funds Ceiling (see remark 1)</td><td style="text-align: right; border-top: 1px solid black;">\$824,665.00</td></tr> </table>	Section II - Grantee Budget - State and Matching Funds:		1. State Share (see remark 1)	\$824,665.00	2. Matching Share of Net Cost		A. In-Kind	0.00	B. Cash	542,335.00	C. Volunteer Match	0.00	3. Net Cost	\$1,367,000.00	Section III - State Funds Ceiling:		A. EISEP Planning and Implementation	\$60,195.00	B. EISEP Services Allocation - 75% State	764,470.00	C. EISEP Supplemental Award	0.00	D. EISEP Reallocation	0.00	State Funds Ceiling (see remark 1)	\$824,665.00
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Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:																																																							
(XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice. 75% funding must be expended first.																																																							
(XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed.																																																							
(XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations.																																																							
() 4. Other:																																																							
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

RESOLUTION NO. 294**AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Expanded In-Home Services for the Elderly Program (EISEP) in the amount of \$824,665 for the term commencing April 1, 2020 and ending March 31, 2021, and

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

WHEREAS, The Commissioner indicated that the funding, which requires a 40% County match, will be used by the Department for Aging in conjunction with the Albany County Department of Social Services to provide assessments, case management, and non-medical home care services for older adults in Albany County who are eligible for EISEP services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding EISEP in the amount of \$824,665 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

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

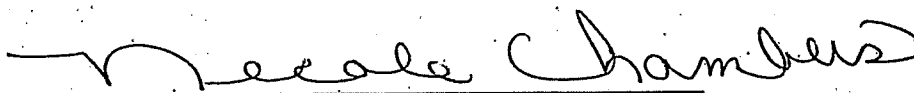
Adopted by unanimous vote – 9/14/20

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 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature.



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$492,410.00
Grant Term – 4/1/2021 – 3/31/2022
Funding Source – 100% - State
Budget Amendment – No
Revenue Account – Aging -AA6772.03783

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2400, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant money from NYSOFA for the Wellness In Nutrition Program (WIN) and approve a Memorandum of Understanding between the Department for Aging and Department of Social Services to provide Central Assessment Services

Date: 3/23/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe

- ☐ Personnel
- ☐ Personnel Non-Individual
- ☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

Acceptance

Submission Date Deadline Click or tap to enter a date.

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

Contract Terms/Conditions:

Party (Name/address):

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

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$492,410.00

Scope of Services: Requesting authorization for the Department for Aging and the Department of Social Services to enter into a memorandum of understanding for the provision of home delivered meals and the required assessments for the provision of those meals to older adults 60 years and older residing in Albany County.

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

CONCERNING ALL REQUESTS

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

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

County Budget Accounts:

Revenue Account and Line: AA6772 03783
Revenue Amount: \$492,410.00

Appropriation Account and Line: AA6772 44453
Appropriation Amount: \$492,410.00

Source of Funding - (Percentages)

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

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022
Length of Contract: 12 Months

Impact on Pending Litigation

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 295
Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

NOTIFICATION OF GRANT AWARD - WELLNESS IN NUTRITION

Name and Address of Area Agency:

Albany County Department for Aging
162 Washington Avenue, 6th Floor
Albany, NY 12210-2304

Name and Address of Sponsoring Agency/Payee:

Albany County

Program Year - Beginning: 4/1/2021 Ending: 3/31/2022

Fiscal Year from which funds are awarded: 2021

This award is New

Section I - Cost Categories**Amount**

Personnel	\$24,620.00
Fringe Benefits	0.00
Equipment	0.00
Travel	0.00
Maint. & Operations	0.00
Other Expenses	0.00
Subcontracts	504,440.00
Food	0.00
Approved Costs	\$529,060.00
Less:	
Anticipated Income	5,000.00
NSIP	31,650.00
Net Cost	\$492,410.00

Section II - Grantee Budget - State Funding:

State Share (see remark 1)	\$492,410.00
Other Resources Cash	0.00
Other Resources In-Kind	0.00
Net Cost	\$492,410.00

Section III - State Funds Ceiling:

A. WIN Base Allocation	\$492,410.00
B. WIN Supplemental Award	0.00
State Funds Ceiling (see remark 1)	\$492,410.00

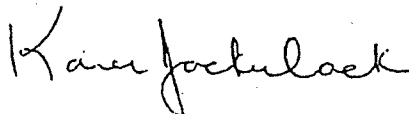
Remarks: In addition to the conditions contained in the Four Year Plan, Annual Implementation Plan and Application for Funding, the conditions checked below apply to this award:

- (XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid.
- (XX) 3. The State share of administrative expenditures will not exceed 5% of the State dollars expended under this award.
- (XX) 4. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- (XX) 5. The final claim must be submitted to the State Office for the Aging no later than 90 days after the close of the program period.
- () 6. Other:

Name and Title of Authorizing Official:

Karen Jackuback
Deputy Director

Signature:



Date:

July 20, 2021

RESOLUTION NO. 295**AUTHORIZING AGREEMENTS WITH THE NEW YORK STATE OFFICE FOR THE AGING AND THE ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES REGARDING THE WELLNESS IN NUTRITION PROGRAM**

Introduced: 9/14/20

By Elder Care Committee and Ms. Willingham:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the Wellness in Nutrition program in the amount of \$478,417 for the term commencing April 1, 2020 and ending March 31, 2021, and

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

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

RESOLVED, By the Albany County Legislature that the County Executive is authorized to accept grant funding from the New York State Office for the Aging regarding the Wellness in Nutrition program in the amount of \$478,417 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

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

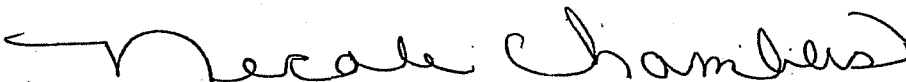
Adopted by unanimous vote – 9/14/20

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 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.


Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2021

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$16,926.00
Grant Term – 4/1/2021 – 3/31/2022
Funding Source – 100% - State
Budget Amendment – No
Revenue Account – Aging -AA6772.03787

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2669, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grant funding from NYSOFA for AAA Transportation Program.

Date: 8/18/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$16,926.00

Scope of Services: Provider funding for vital transportation services for older adults 60 years and older residing in Albany County.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 03787

Revenue Amount: \$16,926.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$16,926.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022

Length of Contract: 12 Months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 296

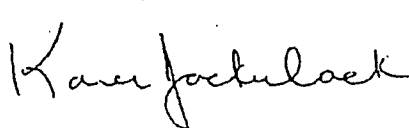
Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

New York State Office for the Aging

**NOTIFICATION OF GRANT AWARD
AAA TRANSPORTATION PROGRAM**

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																						
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																							
Fiscal Year from which funds are awarded: 2021	This award is New																																																						
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(XX) 5. AAA Transportation funds may not be used to purchase vehicles.																																																							
() 6. Other:																																																							
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

RESOLUTION NO. 296**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE FOR THE AGING REGARDING THE AAA STATE TRANSPORTATION PROGRAM**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding the AAA State Transportation Program in the amount of \$16,926 for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner indicated that the funding will be used to support vital transportation services to adults 60 years and older residing in Albany County, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding the AAA State Transportation Program in the amount of \$16,926 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

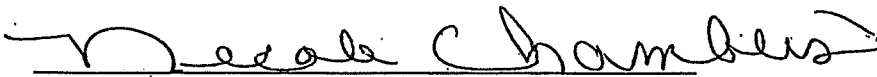
Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.



Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

July 28, 2020

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

Dear Chairman Joyce:

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

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

Grant Award Amount – \$330,910.00
Grant Term – 4/1/2021 – 3/31/2022
Funding Source – 100% - State
Budget Amendment – No
Revenue Account – Aging -AA6772, 03780

Respectfully Submitted,

Deborah C. Riitano
Commissioner

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



County of Albany

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

Legislation Text

File #: TMP-2670, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to accept grand funding from NYSOFA for Unmet Need.

Date: 8/18/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

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

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Acceptance

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

New York State Office for Aging

Two Empire State Plaza

Albany, New York 12223-1251

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$330,910.00

Scope of Services: Provide aging services to older adults 60 years and older residing in Albany County who are eligible for but not receiving services.

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

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

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes ☐ No ☒

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

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: AA6772 03780

Revenue Amount: \$330,910.00

Appropriation Account and Line: AA6772 44046

Appropriation Amount: \$330,910.00

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 4/1/2021 - 3/31/2022

Length of Contract: 12 Months

Impact on Pending Litigation

Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

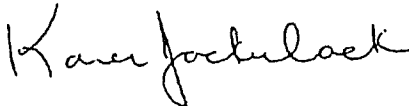
Resolution/Law Number: 297

Date of Adoption: 9/14/2020

Justification: (state briefly why legislative action is requested)

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

NOTIFICATION OF GRANT AWARD - UNMET NEED

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																					
Fiscal Year from which funds are awarded: 2021	This award is New																																																				
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					

RESOLUTION NO. 297**AUTHORIZING AN AGREEMENT WITH THE NEW YORK STATE OFFICE
FOR THE AGING REGARDING UNMET NEED**

Introduced: 9/14/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with the New York State Office for the Aging regarding unmet need services in the amount of \$330,910 for the term commencing April 1, 2020 and ending March 31, 2021, and

WHEREAS, The Commissioner indicated that the funding will be used to provide congregate meals, home delivered meals, transportation, legal and other services to adults 60 years and older in Albany County who are not receiving the services for which they are eligible, and

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with the New York State Office for the Aging regarding unmet need services in the amount of \$330,910 for the term commencing April 1, 2020 and ending March 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 9/14/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 14th day of September, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 16th day of September, 2020.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

DEBORAH C. RIITANO
COMMISSIONER

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

August 26, 2021

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

The Department for Aging (DFA) requests legislative approval to enter into a new contract with Life Path (Senior Services of the Albany), to provide Home Delivered Meals to older adults who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Life Path shall provide Home Delivered Meals to older adults within the following zones; Cohoes, Green Island, Watervliet, Menands and Maplewood, City of Albany, excluding Arbor Hill, Hill Towns and North Bethlehem. The number of meals contracted in this zone area for 2022: **78,814**

A Request for Proposal No. 2021-085 issued on June 10, 2021 requesting providers submit a proposal regarding Home Delivered Meals. There was a response to the RFP from five (5) providers. The five (5) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Home Delivered Meal proposals were awarded as follows;

1. Life Path (SSA); Awarded - \$672,377.74
2. Peter Young Industries; Awarded - \$414,044.96
3. Senior Projects of Ravena; Awarded - \$195,470.20
4. Jewish Family Services of NENY; Awarded - NA
5. Allie B's Cozy Kitchen; Awarded - \$0

Total Awarded to Providers - \$1,281,892.90

The meal delivery shall include regular client monitoring, along with informing the community about the Home Delivered Meal program through education handouts and presentations Life Path 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.

- Contract Award Amount - \$672,377.74
- Contract Term – 1/1/2022 – 12/31/2022
- Funding Source – 12.66% - Federal, 73.23% - State, 14.11% - County
- Budget Amendment – No
- Revenue Account – Aging -AA6772, 03782, 03783, 04778

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-2675, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Life Path (Senior Services of Albany) to provide home delivered meals to older adults in Albany County.

Date: 8/25/2021
Submitted By: Patrick Dillon
Department: Aging
Title: Contract Administrator
Phone: 518 447 7733
Department Rep.
Attending Meeting: Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Life Path (Senior Services of Albany)
28 Colvin Avenue
Albany, New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$672,377.74
Scope of Services: Life path shall provide home delivered meals to qualified older adults that reside in Albany County within their contracted delivery zones.

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, 03782, 04778, 03783

Revenue Amount: \$27,000.00, \$58,127.00, \$492,410.00

Appropriation Account and Line: A9677244453

Appropriation Amount: \$672,377.74

Source of Funding - (Percentages)

Federal: 12.66%

State: 73.23%

County: 14.11%

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 LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 453

Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

Click or tap here to enter text. The Department for Aging (DFA) requests legislative approval to enter into a new contract with Life Path (Senior Services of the Albany), to provide Home Delivered Meals to older adults who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Life Path shall provide 78,814 Home Delivered Meals to older adults within the following zones; Cohoes, Green Island, Watervliet, Menands and Maplewood. City of Albany, excluding Arbor Hill and Hill Towns and North Bethlehem.

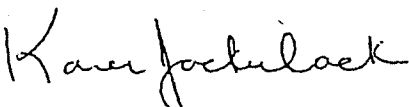
A Request for Proposal No. 2021-085 issued on June 10, 2021 requesting providers submit a proposal regarding Home Delivered Meals. There was a response to the RFP from five (5) providers. Three (3) proposals are existing Home Delivered Meal providers. The five (5) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects

- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

The meal delivery shall include regular client monitoring, along with informing the community about the Home Delivered Meal program through education handouts and presentations. Life Path 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.

NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																						
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																							
Fiscal Year from which funds are awarded: 2021																																																							
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☒ (XX) 1. State reimbursement is limited to the <u>lower</u> of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice. ☒ (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid; and the local share of the costs has been contributed. ☒ (XX) 3. The funds herein awarded are to be expended in accordance with Section 214 of the New York State Elder Law and the applicable State Regulations. ☐ () 4. Other:																																																							
Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

NOTIFICATION OF GRANT AWARD - WELLNESS IN NUTRITION

Name and Address of Area Agency:

Albany County Department for Aging
162 Washington Avenue, 6th Floor
Albany, NY 12210-2304

Name and Address of Sponsoring Agency/Payee:

Albany County

Program Year - Beginning: 4/1/2021 Ending: 3/31/2022

Fiscal Year from which funds are awarded: 2021

This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	<u>Section II - Grantee Budget - State Funding:</u>	
Personnel	\$24,620.00	State Share (see remark 1)	\$492,410.00
Fringe Benefits	0.00	Other Resources Cash	0.00
Equipment	0.00	Other Resources In-Kind	0.00
Travel	0.00		
Maint. & Operations	0.00	Net Cost	\$492,410.00
Other Expenses	0.00		
Subcontracts	504,440.00		
Food	0.00	<u>Section III - State Funds Ceiling:</u>	
Approved Costs	\$529,060.00	A. WIN Base Allocation	\$492,410.00
Less:		B. WIN Supplemental Award	0.00
Anticipated Income	5,000.00	State Funds Ceiling (see remark 1)	\$492,410.00
NSIP	31,650.00		
Net Cost	\$492,410.00		

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

- (XX) 1. State reimbursement is limited to the lower of the "State Share" in Section II or the "State Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of State funds (either through advance or reimbursement) does not constitute earning of these funds. The State share of the project cost is earned only when allowable costs have been incurred and paid.
- (XX) 3. The State share of administrative expenditures will not exceed 5% of the State dollars expended under this award.
- (XX) 4. A separate audit trail is to be maintained for these funds and copies of all receipts and other pertinent documentation are to be maintained by the recipient for subsequent audit.
- (XX) 5. The final claim must be submitted to the State Office for the Aging no later than 90 days after the close of the program period.
- () 6. Other:

Name and Title of Authorizing Official:

Karen Jackuback
Deputy Director

Signature:

Karen Jackuback

Date:

July 20, 2021

RESOLUTION NO. 453**AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING HOME DELIVERED MEALS FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Life Path regarding home delivered meals for seniors in the amount of \$636,491 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Life Path will deliver meals that meet nutritional requirements in addition to providing regular client monitoring and informing the community about the home delivered meal program through the presentation and distribution of educational materials, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Life Path, Albany, NY 12206 regarding home delivered meals for seniors in an amount not to exceed \$636,491 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 8th day of December, 2020.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a new contract with Peter Young Industries, to provide Home Delivered Meals to seniors who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Peter Young Industries will provide Home Delivered Meals to seniors within the following zones; Colonie, Arbor Hill, and Guilderland. The number of meals contracted in this zone area for 2022: **46,288**

A Request for Proposal No. 2021-085 issued on June 10, 2021 requesting providers submit a proposal regarding Home Delivered Meals. There was a response to the RFP from five (5) providers. The five (5) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Home Delivered Meal proposals were awarded as follows;

1. Life Path (SSA); Awarded - \$672,377.74
2. Peter Young Industries; Awarded - \$414,044.96
3. Senior Projects of Ravena; Awarded - \$195,470.20
4. Jewish Family Services of NENY; Awarded - NA
5. Allie B's Cozy Kitchen; Awarded - \$0

Total Awarded to Providers - \$1,281,892.90

The meal delivery shall include regular client monitoring, along with informing the community about the Home Delivered Meal program through education handouts and presentations. Peter Young Industries 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.

Contract Award Amount - \$414,044.96

Contract Term – 1/1/2022 – 12/31/2022

Funding Source – 89.50% - Federal, .50 – State, 10% - County

Budget Amendment – No

Revenue Account – Aging -AA6772, 04775, 04778, 3782

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-2676, **Version:** 1

AuthorizREQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Peter Young Industries to provide home delivered meals to older adults in Albany County.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Peter Young Industries
575 Broadway
Menands, New York 12207

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$414,044.96
Scope of Services: Peter Young Industries shall provide home delivered meals to qualified older adults that reside in Albany County within their contracted delivery zone.

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, 04775, 04778, 03782

Revenue Amount: \$336,528.00, \$34,040.00, \$2,052.00

Appropriation Account and Line: A96772, 44453

Appropriation Amount: \$414,044.96

Source of Funding - (Percentages)

Federal: 89.50%

State: .50%

County: 10%

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 Yes ☐ No ☐

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 454

Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a new contract with Peter Young Industries, to provide Home Delivered Meals to seniors who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Peter Young Industries will provide 46,288 Home Delivered Meals to seniors within the following zones; Colonie, Arbor Hill, and Guilderland.

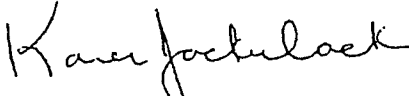
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- Total proposed price.

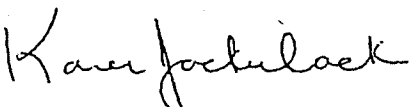
The meal delivery shall include regular client monitoring, along with informing the community about the Home Delivered Meal program through education handouts and presentations. Peter Young Industries shall be responsible for ensuring meals meet nutritional requirements established by the Food and Nutrition Board of the National Academy of Sciences National Research Council.

New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																					
Fiscal Year from which funds are awarded: 2021	Federal CFDA No. - 93.045																																																				
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NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																						
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

RESOLUTION NO. 454**AUTHORIZING AN AGREEMENT WITH PETER YOUNG INDUSTRIES
REGARDING HOME DELIVERED MEALS FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Peter Young Industries regarding home delivered meals for seniors in the amount of \$420,712 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Peter Young Industries will deliver meals that meet nutritional requirements in addition to providing regular client monitoring and informing the community about the home delivered meal program through the presentation and distribution of educational materials, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Peter Young Industries, Menands, NY 12204 regarding home delivered meals for seniors in an amount not to exceed \$420,712 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote - 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 8th day of December, 2020.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a new contract with Senior Projects of Ravena, to provide Home Delivered Meals to older adults who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Ravena will provide Home Delivered Meals to older adults within the following zones; Ravena, Coeymans, and South Bethlehem. The number of meals contracted in this zone area for 2022: **21,860**

A Request for Proposal No. 2021-085 issued on June 10, 2021 requesting providers submit a proposal regarding Home Delivered Meals. There was a response to the RFP from five (5) providers. The five (5) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Home Delivered Meal proposals were awarded as follows;

1. Life Path (SSA); Awarded - \$672,377.74
2. Peter Young Industries; Awarded - \$414,044.96
3. Senior Projects of Ravena; Awarded - \$195,470.20
4. Jewish Family Services of NENY; Awarded - NA
5. Allie B's Cozy Kitchen; Awarded - \$0

Total Awarded to Providers - \$1,281,892.90

The meal delivery shall include regular client monitoring, along with informing the community about the Home Delivered Meal program through education handouts and presentations. Senior Project of Ravena 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.

Contract Award Amount - \$195,470.20

Contract Term – 1/1/2022 – 12/31/2022

Funding Source – 8.23% - Federal, 73.16% - State, 18.61% - County

Budget Amendment – No

Revenue Account – Aging -AA6772, 03782, 04775, 04778

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-2677, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Senior Projects of Ravena to provide home delivered meals to older adults in Albany County.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Senior Projects of Ravena
9 Bruno Boulevard
Ravena, New York 12143

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$195,470.20
Scope of Services: Senior Projects of Ravena shall provide home delivered meals to qualified older adults that reside in Albany County within their contracted delivery zone.

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, 03782, 04778

Revenue Amount: \$143,000.00, \$16,087.60

Appropriation Account and Line: A96772, 44453

Appropriation Amount: \$195,470.20

Source of Funding - (Percentages)

Federal: 8.23%

State: 73.16%

County: 18.61%

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 Yes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 455

Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a new contract with Senior Projects of Ravena (Ravena), to provide Home Delivered Meals to older adults who reside within Albany County and meet specific criteria as required by Albany County, NYSOFA, and the Albany County Central Assessment Unit. Ravena will provide 21,860 Home Delivered Meals to older adults within the following zones; Ravena, Coeymans, and South Bethlehem.

A Request for Proposal No. 2021-085 issued on June 10, 2021 requesting providers submit a proposal regarding Home Delivered Meals. There was a response to the RFP from five (5) providers. Three (3) proposals are existing Home Delivered Meal providers. The five (5) were evaluated and rated by the department scoring committee using the following criteria:

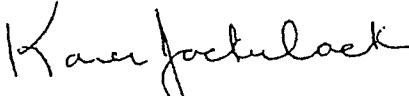
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- Total proposed price.

The meal delivery shall include regular client monitoring, along with informing the community about the Home

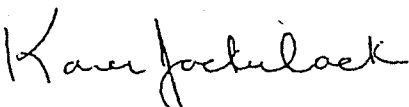
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New York State Office for the Aging

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-2 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																					

RESOLUTION NO. 455**AUTHORIZING AN AGREEMENT WITH SENIOR PROJECTS OF RAVENA
REGARDING HOME DELIVERED MEALS FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Senior Projects of Ravena regarding home delivered meals for seniors in the amount of \$165,439 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Senior Projects of Ravena will deliver meals that meet nutritional requirements in addition to providing regular client monitoring and informing the community about the home delivered meal program through the presentation and distribution of educational materials, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Senior Projects of Ravena, Ravena, NY 12143 regarding home delivered meals for seniors in an amount not to exceed \$165,439 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the
official seal of the County Legislature this 8th day of December, 2020.

A handwritten signature in cursive script, reading "Nicole Chambers", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a renewal contract with Life Path (Senior Services of Albany), to provide Congregate Meal Services to older adults in Albany County and meet specific criteria as required by Albany County and NYSOFA. Life Path shall provide Congregate Meal Services to older adults at the following eight (8) locations, Westview Apartments, South Mall Towers, Ohav Shalom Apartments, Livingston School Apartments, Cohoes Senior Center, Senior Center of Watervliet, Helderberg Senior Center, and Town of New Scotland. The Contractor shall serve 31,134 meals at their eight (8) congregate locations.

A Request for Proposal No. 2021-086 issued on June 17, 2021 requesting providers submit a proposal regarding Congregate Meals. There was a response to the RFP from six (6) providers. The six (6) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Congregate Meal proposals were awarded as follows;

1. Albany Jewish Community Center; Awarded - \$37,500.00
2. Allie B's Cozy Kitchen; Awarded - \$14,400.00
3. Colonie Senior Service Centers; Awarded - \$192,500.00
4. Green Island Senior Citizens; Awarded - \$49,275.00
5. Life Path (Senior Services of Albany); Awarded - \$285,810.12
6. Senior Projects of Ravena; Awarded - \$286,000.00

Total Awarded to Providers - \$865,485.12

Life Path shall provide education presentations to program participants at the congregate meal site not less than six (6) times during the contract year. Life Path 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.

Contract Award Amount – \$285,810.12

Contract Term – 1/1/2022 – 12/31/2022

Funding Source – 19% - Federal, 31% - State, 50% - County

Budget Amendment – No

Revenue Account – Aging – AA6772, 04774, 04778

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-2678, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Life Path (Senior Services of Albany) to provide congregate meals to older adults in Albany County.

Date: 8/25/2021
Submitted By: Patrick Dillon
Department: Contract Administrator
Title: Aging
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):

Life Path (Senior Services of Albany)
28 Colvin Avenue
Albany, New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$285,810.12
Scope of Services: Life Path shall provide congregate meals to older adults in Albany County at the following congregate meal sites; Westview, South Mall, Ohav Shalom, Livingston School, Cohoes, Watervliet, Town of New Scotland and Berne's Helderberg Community Center.

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, 04774, 04778
Revenue Amount: \$88,883.00, \$30,000.00, \$23,039.16

Appropriation Account and Line: A96772, 44046
Appropriation Amount: \$285,810.12

Source of Funding - (Percentages)

Federal: 20%
State: Click or tap here to enter text.
County: 80%
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

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 456
Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a renewal contract with Life Path (Senior Services of Albany), to provide Congregate Meal Services to older adults in Albany County and meet specific criteria as required by Albany County and NYSOFA. Life Path shall provide 31,134 Congregate Meal Services to older adults at the following eight (8) locations, Westview Apartments, South Mall Towers, Ohav Shalom Apartments, Livingston School Apartments, Cohoes Senior Center, Senior Center of Watervliet, Helderberg Senior Center, and Town of New Scotland. The Contractor shall serve meals at their eight (8) congregate locations.

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- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

Senior Services of the Albany Area shall provide education presentations to program participants at the congregate meal site not less than six (6) times during the contract year. Life Path 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.

NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																		
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																			
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																	

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					

RESOLUTION NO. 456**AUTHORIZING AN AGREEMENT WITH LIFE PATH REGARDING
CONGREGATE MEAL SERVICES FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Life Path regarding congregate meal services for seniors in the amount of \$267,300 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Life Path 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 Life Path, Albany, NY 12206 regarding congregate meal services for seniors in an amount not to exceed \$267,300 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote - 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 8th day of December, 2020.

A handwritten signature in cursive script, reading "Nicole Chamberlain", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a renewal contract with Senior Projects of Ravena, to provide Congregate Meal Services to seniors who reside within Albany County and meet specific criteria as required by Albany County and NYSOFA. Senior Projects of Ravena will provide Congregate Meal Services to seniors at the following three (3) locations, Senior Projects of Ravena, Townsend Park, and Parkview Apartments. The Contractor shall serve 26,000 meals at their three (3) congregate locations.

A Request for Proposal No. 2021-086 issued on June 17, 2021 requesting providers submit a proposal regarding Congregate Meals. There was a response to the RFP from six (6) providers. The six (6) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Congregate Meal proposals were awarded as follows;

1. Albany Jewish Community Center; Awarded - \$37,500.00
2. Allie B's Cozy Kitchen; Awarded - \$14,400.00
3. Colonie Senior Service Centers; Awarded - \$192,500.00
4. Green Island Senior Citizens; Awarded - \$49,275.00
5. Life Path (Senior Services of Albany); Awarded - \$285,810.12
6. Senior Projects of Ravena; Awarded - \$286,000.00

Total Awarded to Providers - \$865,485.12

Senior Projects of Ravena shall provide nutrition education presentations to program participants at the congregate meal site not less than six (6) times during the contract year. Senior Projects of Ravena 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.

Contract Award Amount – \$286,000.00

Contract Term – 1/1/2022 – 12/31/2022

Funding Source – 90% - Federal, 10% - County

Budget Amendment – No

Revenue Account – Aging – AA6772, 04774, 04778

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-2679, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Senior Projects of Ravena to provide congregate meals to older adults in Albany County.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Senior Projects of Ravena
9 Bruno Boulevard
Ravena, New York 12143

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$286,000.00

Scope of Services: Senior Projects of Ravena shall provide congregate meals to older adults in Albany County at the following congregate meal sites; Senior Projects of Ravena Senior Center, Townsend Park Apartments, Parkview Apartments and Civill Apartments.

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, 04774, 04778
Revenue Amount: \$238,750.20, \$19,240.00

Appropriation Account and Line: A96772, 44046
Appropriation Amount: \$286,000.00

Source of Funding - (Percentages)

Federal: 90%
State: Click or tap here to enter text.
County: 10%
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

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 458
Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a renewal contract with Senior Projects of Ravena, to provide Congregate Meal Services to seniors who reside within Albany County and meet specific criteria as required by Albany County and NYSOFA. Senior Projects of Ravena will provide 26,000 Congregate Meal Services to seniors at the following three (3) locations, Senior Projects of Ravena, Townsend Park, and Parkview Apartments. The Contractor shall serve meals at their three (3) congregate locations.

A Request for Proposal No. 2021-086 issued on June 17, 2021 requesting providers submit a proposal regarding Congregate Meals. There was a response to the RFP from six (6) providers. The six (6) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

Senior Projects of Ravena shall provide nutrition education presentations to program participants at the congregate

meal site not less than six (6) times during the contract year. Senior Projects of Ravena 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.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																					
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					

RESOLUTION NO. 458**AUTHORIZING AN AGREEMENT WITH SENIOR PROJECTS OF RAVENA
REGARDING CONGREGATE MEAL SERVICES FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Senior Projects of Ravena regarding congregate meal services for seniors in the amount of \$246,960 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Senior Projects of Ravena 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 Senior Projects of Ravena, Ravena, NY 12143 regarding congregate meal services for seniors in an amount not to exceed \$246,960 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 8th day of December, 2020.

A handwritten signature in cursive script, reading "Nicole Chambers", written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

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

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a new contract with Colonie Senior Service Centers, to provide Congregate Meal Services to older adults in Albany County and meet specific criteria as required by Albany County and NYSOFA. Colonie Senior Service Centers shall provide 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 shall serve 17,500 meals at their five (5) congregate sites.

A Request for Proposal No. 2021-086 issued on June 17, 2021 requesting providers submit a proposal regarding Congregate Meals. There was a response to the RFP from six (6) providers. The six (6) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

After reviewing the proposals and rating scores the Congregate Meal proposals were awarded as follows;

1. Albany Jewish Community Center; Awarded - \$37,500.00
2. Allie B's Cozy Kitchen; Awarded - \$14,400.00
3. Colonie Senior Service Centers; Awarded - \$192,500.00
4. Green Island Senior Citizens; Awarded - \$49,275.00
5. Life Path (Senior Services of Albany); Awarded - \$285,810.12
6. Senior Projects of Ravena; Awarded - \$286,000.00

Total Awarded to Providers - \$865,485.12

Colonie Senior Service Centers shall provide nutrition education presentations to program participants at the congregate meal site not less than six (6) times during the contract year. 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.

Contract Award Amount – \$192,500.00

Contract Term – 1/1/2022 – 12/31/2022

Funding Source – 90% - Federal, 10% - County

Budget Amendment – No

Revenue Account – Aging -AA6772, 04774, 04778

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-2680, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Colonie Senior Service Centers to provide congregate meals to older adults in Albany County.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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
Colonie, New York 12205

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$192,500.00

Scope of Services: Colonie Senior Service Centers shall provide congregate meals to older adults in Albany County at the following established congregate meal sites; Beltrone Living Center, Bishop Broderick Apartments, Sheehy Manor, Guilderland Senior Center, and King Thiel Senior Community.

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, 04774, 04778

Revenue Amount: \$161,359.55, \$12,210.00

Appropriation Account and Line: A96772, 44046

Appropriation Amount: \$192,500.00

Source of Funding - (Percentages)

Federal: 90%

State: Click or tap here to enter text.

County: 10%

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 LitigationYes ☐ No ☒

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: 457

Date of Adoption: 12/7/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a new contract with Colonie Senior Service Centers, to provide Congregate Meal Services to older adults in Albany County and meet specific criteria as required by Albany County and NYSOFA. Colonie Senior Service Centers shall provide 17,500 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 shall serve meals at their five (5) congregate sites.

A Request for Proposal No. 2021-086 issued on June 17, 2021 requesting providers submit a proposal regarding Congregate Meals. There was a response to the RFP from six (6) providers. The six (6) were evaluated and rated by the department scoring committee using the following criteria:

- Full demonstrated comprehension of the Scope of Services; including but not limited to; Knowledge of food safety/sanitation regulations and nutrition standards; Current Dietary Guidelines including knowledge and compliance with USDA nutrition standards.
- Prior experience and/or equivalent training with quantity food production and service projects
- Professional qualifications, staffing, equipment, and demonstrated capabilities.
- Total proposed price.

Colonie Senior Service Centers shall provide nutrition education presentations to program participants at the congregate meal site not less than six (6) times during the contract year. 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.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-C-1 OF THE OLDER AMERICANS ACT

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																				
Program Year - Beginning: 1/1/2021 Ending: 12/31/2021																																																					
Fiscal Year from which funds are awarded: 2021	Federal CFDA No. - 93.045																																																				
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 																																																				
Date: July 20, 2021																																																					

RESOLUTION NO. 457**AUTHORIZING AN AGREEMENT WITH COLONIE SENIOR SERVICE CENTERS REGARDING CONGREGATE MEAL SERVICES FOR SENIORS**

Introduced: 12/7/20

By Elder Care Committee, Mr. A. Joyce, Mss. Willingham and McLaughlin:

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 \$181,500 for the term commencing January 1, 2021 and ending December 31, 2021, 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 \$181,500 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 12/7/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 7th day of December, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 8th day of December, 2020.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into an Agreement with Assess Transit, Inc. (CDTA) to provide brokerage services for human services transportation and provide non-emergency medical transportation and prioritized transportation to vital services for program eligible seniors living in Albany County. Transportation to vital services includes; Medical Appointments, Pharmacy, Grocery Shopping and/or Food Pantry, Adult Day Care, and Congregate Meal Sites. The Contractor shall also provide education on fare products to seniors that qualify for CDTA STAR Services.

The brokerage services will include receipt and disposition of transportation requests, transportation vendor network management, and coordination of transportation services to deliver quality services at the lowest cost and analysis and reporting of transportation services utilization.

The Department for Aging offers a limited number of prioritized transportation trips to vital destinations for program eligible seniors. Due to limited funding, we will ensure that available resources are prioritized to provide vital transportation services to seniors that do not have access to other means of transportation.

Grant Award Amount – \$630,000.00
Funding Source – 27% - Federal, 48% - State, 25% - County,
Revenue Account – Aging -AA6772, 03782, 03787, 04773

Grant Term – 1/1/2022 – 12/31/2022
Budget Amendment – No

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-2682, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization to contract with Access Transit, Inc. (CDTA) to provide transportation services to older adults in Albany County.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Access Transit, Inc. (CDTA)
Watervliet Avenue, Albany New York 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$630,000.00

Scope of Services: Access Transit shall provide the following services to ACDFA in providing transportation to eligible older adults 60 years and older; 1) Receipt and disposition of all appropriate transportation requests for eligible individuals using a reservation, scheduling and routine system. 2) Management of all designated transportation services, including functions associated with recruiting and entering into subcontracts with transportation vendors. 3) Financial negotiations, reconciliation and reimbursement of trips related to ACDFA transportation and vendors. 4) Coordination of services designed to deliver quality transportation at the most appropriate level of need and most economical cost. 5) Analysis and report of transportation service utilization trends and factors, including utilization by geographic zones and by mode of transportation.

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, 04773, 03782, 03787
Revenue Amount: \$170,000.00, \$285,000.00, \$16,926.00

Appropriation Account and Line: A96772, 44046
Appropriation Amount: \$630,000.00

Source of Funding - (Percentages)

Federal: 27%
State: 48%
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: 390
Date of Adoption: 11/9/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into an Agreement with Assess Transit, Inc. (CDTA) to provide brokerage services for human services transportation and provide non-emergency medical transportation and prioritized transportation to vital services for program eligible seniors living in Albany County. Transportation to vital services includes; Medical Appointments, Pharmacy, Grocery Shopping and/or Food Pantry, Adult Day Care, and Congregate Meal Sites. The Contractor shall also provide education on fare products to seniors that qualify for CDTA STAR Services.

The brokerage services will include receipt and disposition of transportation requests, transportation vendor network management, and coordination of transportation services to deliver quality services at the lowest cost and analysis and reporting of transportation services utilization.

The Department for Aging offers a limited number of prioritized transportation trips to vital destinations for program eligible seniors. Due to limited funding, we will ensure that available resources are prioritized to provide vital

transportation services to seniors that do not have access to other means of transportation.

NOTIFICATION OF GRANT AWARD UNDER TITLE III-B OF THE OLDER AMERICANS ACT

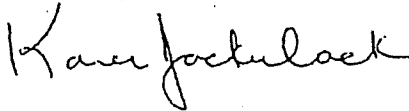
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																															

NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																																		
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																																			
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																																	

New York State Office for the Aging

**NOTIFICATION OF GRANT AWARD
AAA TRANSPORTATION PROGRAM**

Name and Address of Area Agency: Albany County Department for Aging 162 Washington Avenue, 6th Floor Albany, NY 12210-2304	Name and Address of Sponsoring Agency/Payee: Albany County																																				
Program Year - Beginning: 4/1/2021 Ending: 3/31/2022																																					
Fiscal Year from which funds are awarded: 2021 This award is New																																					
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Name and Title of Authorizing Official: Karen Jackuback Deputy Director	Signature: 	Date: July 20, 2021																																			

RESOLUTION NO. 390**AUTHORIZING AN AGREEMENT WITH ACCESS TRANSIT, INC.
REGARDING TRANSPORTATION SERVICES FOR ELIGIBLE SENIORS**

Introduced: 11/9/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Access Transit, Inc. (CDTA) regarding transportation services for eligible seniors in Albany County in the amount of \$630,000 for the term commencing January 1, 2021 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Access Transit, Inc. will provide brokerage services for human services transportation, provide non-emergency medical transportation and prioritized transportation to vital services for eligible seniors, and provide education on fare products to seniors that qualify for CDTA STAR Services, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Access Transit, Inc., Albany, NY 12206 regarding transportation services for eligible seniors in Albany County in an amount not to exceed \$630,000 for the term commencing January 1, 2021 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 11/9/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of November, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 10th day of November, 2020.

A handwritten signature in cursive script, reading "Nicole Chamberlain", is written over a horizontal line.

Clerk, Albany County Legislature



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722
WWW.ALBANYCOUNTY.COM

DEBORAH C. RIITANO
COMMISSIONER

August 26, 2021

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 enter into a Memorandum of Understanding with Cornell Cooperative Extension, to subcontract Dietician Services for our Congregate and Home Delivered Meal programs in Albany County. It is a NYSOFA regulation that all Aging Departments shall have a full-time staff person or equivalent who directs all activities related to the nutrition program which may include the planning, preparation and delivery of nutritious meals and supportive services. This person is responsible for nutrition oversight and operations; supervision of contractors providing food service and other nutrition services. This person must have requisite knowledge and experience in nutrition and food service.

The services of the subcontracted Registered Dietitian, shall be utilized for an adequate amount of time to perform nutrition related responsibilities. Job responsibilities may include but are not limited to monitoring meal preparation sites, congregate sites, and home delivered meal delivery, menu planning and certification, development of nutrition information and education programs, providing nutrition counseling, diet prescription reviews, participation in case management and participant team reviews, providing technical assistance and training, and administrative activities. A minimum of 16 hours per week. The hours of the registered dietitian employed by the subcontractor will count toward fulfillment of the minimum hours required.

Grant Award Amount – \$38,000.00
Funding Source – 100% - County
Expense Line – Aging – A96772, 44046

Grant Term – 1/1/2022 – 12/31/2022
Budget Amendment – No

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-2683, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Authorization of a Memorandum of Understanding between Albany County Department for Aging and Cornell Cooperative Extension to provide Dietician nutritional services.

Date:	8/25/2021
Submitted By:	Patrick Dillon
Department:	Aging
Title:	Contract Administrator
Phone:	518 447 7733
Department Rep.	
Attending Meeting:	Deborah C. Riitano, Commissioner

Purpose of Request:

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

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel

- ☐ Personnel Non-Individual
☐ Revenue

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

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

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

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):

Cornell Cooperative Extension
24 Martin Road
Voorheesville, New York 12186

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$38,000.00

Scope of Services: The Dietician's job responsibilities shall include but are not limited to monitoring meal preparation sites, congregate sites, and home delivered meal delivery, menu planning and certification, development of nutrition information and education programs, providing nutrition counseling, diet prescription reviews, participation in case management and participant team reviews, providing technical assistance and training and administrative activities.

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: 0
Revenue Amount: 0

Appropriation Account and Line: A96772, 44046
Appropriation Amount: \$38,000.00

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) 1/1/2022 - 12/31/2022
Length of Contract: 12 Months

Impact on Pending Litigation Yes ☐ No ☒
If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 392
Date of Adoption: 11/9/2020

Justification: (state briefly why legislative action is requested)

The Department for Aging (DFA) requests legislative approval to enter into a Memorandum of Understanding with Cornell Cooperative Extension, to subcontract Dietician Services for our Congregate and Home Delivered Meal programs in Albany County. It is a NYSOFA regulation that all Aging Departments shall have a full-time staff person or equivalent who directs all activities related to the nutrition program which may include the planning, preparation and delivery of nutritious meals and supportive services. This person is responsible for nutrition oversight and operations; supervision of contractors providing food service and other nutrition services. This person must have requisite knowledge and experience in nutrition and food service. The services of the subcontracted Registered Dietitian, shall be utilized for an adequate amount of time to perform nutrition related responsibilities. Job responsibilities may include but are not limited to monitoring meal preparation sites, congregate sites, and home delivered meal delivery, menu planning and certification, development of nutrition information and education programs, providing nutrition counseling, diet prescription reviews, participation in case management and participant team reviews, providing technical assistance and training, and administrative activities. A minimum of 16 hours per week. The hours of the registered dietitian employed by the subcontractor will count toward fulfillment of the minimum hours required.

RESOLUTION NO. 392**AUTHORIZING AN AGREEMENT WITH CORNELL COOPERATIVE
EXTENSION REGARDING DIETICIAN SERVICES**

Introduced: 11/9/20

By Elder Care Committee:

WHEREAS, The Commissioner of the Albany County Department for Aging has requested authorization to enter into an agreement with Cornell Cooperative Extension regarding dietician services for the congregate and home delivered meals programs in Albany County in the amount of \$38,000 for the term commencing November 9, 2020 and ending December 31, 2021, and

WHEREAS, The Commissioner indicated that Cornell Cooperative Extension will monitor meal preparation sites, congregate sites, and home delivered meal delivery, oversee menu planning and certification, develop nutrition information and education programs, provide nutrition counseling, review diet prescriptions, participate in case management and participant team reviews, provide technical assistance and training, and fulfill administrative duties, now, therefore be it

RESOLVED, By the Albany County Legislature that the County Executive is authorized to enter into an agreement with Cornell Cooperative Extension, Voorheesville, NY 12186 regarding dietician services for the congregate and home delivered meals programs in Albany County in the amount of \$38,000 for the term commencing November 9, 2020 and ending December 31, 2021, and, be it further

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

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

Adopted by unanimous vote – 11/9/20

State of New York
County of Albany

This is to certify that I, the undersigned, Clerk of the Albany County Legislature, have compared the foregoing copy of the resolution and/or local law with the original resolution and/or local law now on file in the office, and which was passed by the Legislature of said County on the 9th day of November, 2020, a majority of all members elected to the Legislature voting in favor thereof, and that the same is a correct and true transcript of such original resolution and/or local law and the whole thereof.



IN WITNESS THEREOF, I have hereunto set my hand and the official seal of the County Legislature this 10th day of November, 2020.

A handwritten signature in cursive script, reading "Nicole Chamberlain", is written over a horizontal line.

Clerk, Albany County Legislature