

HUMAN SERVICES COMMITTEE
AGENDA
November 2, 2016

- 1. Approval of Minutes**
 - October 5, 2016

- 2. Lori Ballengee, Public Health Director**
 - Corporate Compliance Update
 - Transfer of Family Planning Fees
 - Acceptance of Performance Initiative Funds
 - Executive Session

- 3. Madeleine Gasdik, Office for the Aging Director**
 - Increased funding for State and Federal Grants and MLTC funding
 - Request to fill Aging Services Technician – Volunteer Coordinator
 - Request to fill Substitute Center Manager
 - Request to fill Meals-on-Wheels Driver

- 4. Dr. Robert Anderson, Community Services**
 - Budget Adjustments for Mental Health Contracts
 - Budget Adjustments for ACASA

- 5. Vicki Grant, Social Services Commissioner**
 - Monthly Report

- 6. Judith Hopkins, Allegany County Heroin & Opioid Abuse Ad Hoc Chair**
 - Committee Update

- 7. Old Business**

- 8. New Business**

- 9. Good of the Order**

- 10. Adjournment**

MEMORANDUM OF EXPLANATION

Introduction No: _____
(clerk's use only)

COMMITTEE: Human Services

DATE: November 2, 2016

<u>From:</u>	<u>To:</u>	<u>Amount:</u>
Family Planning (4035) & Health Department General Fund (4010)		
A4035.408 General Supplies		\$ 11,000.00
A4035.409 Fees		\$ 11,000.00
A4035.460 Health Contracts		\$ 1,750.00
	A4010.408 General Supplies	\$ 23,750.00
	Total	<u>\$ 23,750.00</u>

To transfer appropriations on the County budget from Family Planning to General Supplies on 4010 for the purchase of vaccine and immunization.

FISCAL IMPACT: None.

For further information regarding this matter, contact:

David Rahr, Accountant-Department of Health
(585)268-9261

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____
(Clerk's use only)

Committee of Jurisdiction: Human Services Date: November 2, 2016

Explanation of Grant:

The Health Department requests a resolution to accept and appropriate Performance Incentive Initiative monies for the General Fund for the 2016 Budget year. This incentive was awarded by the NYS Department of Health for improvement in the areas of environmental health electronic e-form submission and gonorrhea treatment/completeness of syphilis serology.

Revenues	\$1,500.00	
	A4010-3450.00 Public Health-State Aid Other	\$1,500.00
Appropriations	\$1,500.00	
	A4010.409 Fees	\$ 1,500.00

The performance incentive will be utilized to offset shredding costs in accordance with HIPAA regulations.

FISCAL IMPACT: Total grant: \$ 1,500.00

Local county share: \$ 0.00

State Grant? X Revenue # 3450.00 \$ 1,500.00

Federal Grant? Revenue # \$

If Federal, please list Federal Catalog of Federal Domestic Assistance
(CFDA) number

This grant is X renewal of existing grant funded program or new grant fund program.

Grant Fiscal Year – (Contract Period) 2015-16

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Certification of Internal Water Testing Lab.

Department Head Signature _____

MEMORANDUM OF EXPLANATION

For acceptance and budgeting of GRANTS

INTRODUCTION NO: _____

(Clerk's use only)

Committee of Jurisdiction: Human Services

Date: November 2, 2016

Explanation of Grant:

(Please attach copy of grant application and award letter and/or renewal letter with original resolution # and list any future requirements of the grant after expiration)

The Allegany County Office for the Aging requests a resolution to finalize revenue from the following Federal & State grants – Nutrition Services Incentive Program (NSIP), Older Americans Act Title III-C1(Nutrition) and Community Services for the Elderly (CSE). The Office for the Aging budgeted \$234,700.00 in Federal/State funding for these grants for 2016 but will be receiving \$246,092.00. (See attached NGAs).

Also Managed Long-Term Care (MLTC) funding is underestimated in the 2016 OFA budget by \$16,000.00.

Please appropriate funding as follows:

Appropriations (\$27,392.00)

A 6772.408 General Supplies	\$1,444.00
A 6772.474 Contractor	<u>\$6,000.00</u>
	\$7,444.00
A 6776.401 Postage	\$1,000.00
A 6776.402 Mileage/Transp	\$1,022.00
A 6776.409 Fees (Lifelines)	\$4,000.00
A 6776.419 Printing	<u>\$2,000.00</u>
	\$8,022.00
A 6779.474 Contractor	\$11,926.00

Revenues (\$27,392.00)

A 6772 1972.01 C2-MLTC (Medicaid)	\$ 6,000.00
A 6772 4772.00 Title III-C1 (Federal)	\$ 1,444.00
A 6776 3772.00 CSE (State)	\$ 8,022.00
A 6779 1972.00 WIN-MLTC (Medicaid)	\$10,000.00
A 6779 4772.00 NSIP (Federal)	\$ 1,926.00

FISCAL IMPACT: Total grants & MLTC: \$27,392.00
Local county share: \$ 0

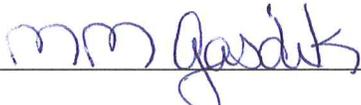
Federal Grant? <u>Y</u>	Revenue #	A 6772 4772.00	(CFDA) Numbers
		A 6779 4772.00	93.045
			93.053

This grant is X renewal of existing grant funded program or _____ new grant fund program.

Grant Fiscal Year- 1/1/16-12/31/16, 4/1/16-3/31/17 and 10/1/15-9/30/16

Obligation of County after grant expires: None

Major benefits of accepting this grant are: Additional funding for Meals programs, Lifelines for frail elderly, Volunteer Transportation program and other OFA expenses.

Department Head Signature 

New York State Office for the Aging

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

Name and Address of Area Agency: Allegany County Office for the Aging 6085 Route 19 N Belmont, NY 14813	Name and Address of Sponsoring Agency/Payee: Allegany County
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Program Year - Beginning: 1/1/2016 Ending: 12/31/2016

Fiscal Year from which funds are awarded: 2016 Federal CFDA No. - 93.045 This award is New

<u>Section I - Cost Categories</u>	<u>Amount</u>	
Personnel	\$85,066.00	<u>Section II - Grantee Budget - Federal and Matching Funds:</u> 1. Federal Share (see remark 1) \$73,420.00 2. Combined Matching Share A. In-Kind \$0.00 B. Cash 83,939.00 C. Volunteer Match \$0.00 3. Net Cost \$157,359.00
Fringe Benefits	10,973.00	
Equipment	0.00	
Travel	8,600.00	
Maint. & Operations	28,685.00	
Other Expenses	1,200.00	
Subcontracts	80,925.00	
Food	3,600.00	
Approved Costs	\$219,049.00	
Less:		
Anticipated Income	48,000.00	<u>Section III - Federal Funds Ceiling:</u> A. Carryover \$4,200.00 B. Base Allocation 69,244.00 C. III-B Transfer 0.00 D. III-C-2 Transfer 0.00 E. Supplement 0.00 Federal Funds Ceiling (see remark 1) \$73,444.00
NSIP	13,690.00	
Net Cost	\$157,359.00	

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. Federal reimbursement is limited to the lower of the "Federal Share" in Section II or the "Federal Funds Ceiling" in Section III of this award notice.
- (XX) 2. Receipt of federal funds (either through advance or reimbursement) does not constitute earning of these funds. The federal share of the project cost is earned only when allowable costs have been incurred and paid; and the non-federal share of the costs has been contributed.
- (XX) 3. The federal share will not exceed 75% of the cost of Area Agency Administrative Activities and the federal share will not exceed 90% of the cost of Congregate Nutrition Services.
- (XX) 4. Federal funds carried over from the prior year are estimated. Actual carryover depends on prior year closeout and will be confirmed upon closeout.
- (XX) 5. In accordance with Federal Policy, the funds herein awarded cannot be used to pay the cost for home delivered meals.
- () 6. Other.
- () 7. 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: Greg Olsen Acting Director	Signature: 	Date: 9-2-16
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**NOTIFICATION OF GRANT AWARD
COMMUNITY SERVICES FOR THE ELDERLY PROGRAM**

Name and Address of Area Agency: Allegany County Office for the Aging 6085 Route 19 N Belmont, NY 14813	Name and Address of Sponsoring Agency/Payee: Allegany County
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Program Year - Beginning: 4/1/2016 Ending: 3/31/2017

Fiscal Year from which funds are awarded: 2016

This award is **New**

<u>Section I - Grantee Budget</u>	<u>Amount</u>	
Personnel	\$86,402.00	<u>Section II - Grantee Budget - State and Matching Funds:</u> 1. State Share (see remark 1) \$91,830.00 2. Matching Share of Net Cost A. In-Kind 0.00 B. Cash 52,092.00 C. Volunteer Match \$0.00 <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 3. Net Cost \$143,922.00
Fringe Benefits	26,490.00	
Equipment	0.00	
Travel	3,000.00	
Maint. & Operations	10,130.00	
Other Expenses	23,900.00	
Subcontracts	0.00	
Food:	0.00	
Approved Costs	\$149,922.00	
Less:		
Anticipated Income	6,000.00	<u>Section III - State Funds Ceiling:</u> A. CSE Planning and Implementation \$20,000.00 B. CSE Project - 75% 65,195.00 C. CSE Supplemental Award 9,827.00 <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> State Funds Ceiling (see remark 1) \$95,022.00
NSIP	0.00	
Net Cost	\$143,922.00	

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; 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: Greg Olsen Acting Director	Signature: 	Date: 9-20-16
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NOTIFICATION OF GRANT AWARD - NUTRITION SERVICES INCENTIVE PROGRAM

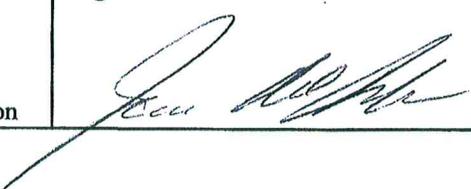
<p>Name and Address of Area Agency Allegany County Office for the Aging 6085 Route 19 N Belmont, NY 14813</p>	<p><u>Federal Program Period:</u> Beginning: 10/01/2015 Ending: 09/30/2016</p>
<p>Name and Address of Sponsoring Agency/Payee Allegany County</p>	<p>Funds are awarded from Federal Fiscal Year: 2016 Award Number: 4 Type of Action: Revised Federal CFDA No. 93.053 (AoA)</p>

GRANT AWARD INFORMATION

A. Previously Awarded this Fiscal Year	\$79,434.75
B. Current Award	<u>191.35</u>
C. Total Federal Fiscal Year to Dat	<u><u>\$79,626.10</u></u>

Remarks: In addition to the conditions contained in the Four Year Plan and the Annual Implementation Plan, the conditions below apply to this award:

1. Money provided for under this award can be used only for the purchase of U.S. Grown agricultural commodities and other foods produced in the United States.
2. Unless revised, the amount awarded will constitute a ceiling for Federal participation in the program.
3. Funds herein awarded may be used beyond the end of the program period stated above.
4. Funds awarded for the period stated above are based on the number of eligible meals served during the period 10/01/2014 to 09/30/2015.
5. 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.
6. Other -

<p>Name and Title of Authorizing Official: James Del Belso Deputy Director Division of Finance and Administration</p>	<p>Signature: </p>	<p>Date: 09/23/2016</p>
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Request to Fill Position Form

Date: 11/02/16

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Aging Services Technician Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): _____

This position is an:

Existing position? Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? Part Time? _____ Permanent? Temporary? _____

This position will be:

Non Union? _____ Union? covered by the AFSCME bargaining unit.

Grade: 13 Step: Base Hourly pay rate: \$18.0367

Annual salary of position: \$32,827.00 Cost of benefits for position: \$15,455.00

Does position support a mandated program/grant? No Name of program: _____

Source of funding for position: 74 % County _____ % State 22 % Federal 4 % Other

Source of funding for benefits: 74 % County _____ % State 22 % Federal 4 % Other

Amount in current year's budget for this position: \$62,535.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

This position is responsible for recruiting, vetting, training, and coordinating the 312 volunteers who help the Office for the Aging offer services. This position also assists with Home Delivered Meals assessments and six month follow up calls.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Our volunteers help the ACOFA with several programs. 103 volunteers deliver 13 Home Delivered Meals routes in the villages of Allegany County; 100 volunteers help with our Luncheon Centers; 25 volunteers traveled 25,000 miles offering rides to our clients to medical appointments, grocery shopping, banks, etc.; 12 volunteers offer Handyman services; 7 volunteers offer Tax Counseling services, 29 Volunteers offer Friendly Visiting and/or Telephone Reassurance services, 24 volunteers run our Exercise Classes, 60 volunteers work our Fair Booth, and 15-20 Wellsville School Students help assemble 450 Blizzard Boxes and help with our Senior Picnic. We will soon be recruiting and training volunteers to help with our Alzheimer's Respite grant.

3. The funding available to fill the position from external sources.

Federal Title III-B & donations/contributions

4. The benefit to the County generated by this specific position.

Continued Home Delivered Meals in the Villages, Tax Counseling, Transportation, Handyman Services, Exercise Classes, Friendly Visiting, and Telephone Reassurance.

Department Head Signature: _____

Date: 11/2/2016

Approved by the Ways and Means Committee on _____

Request to Fill Position Form

Date: 11/2/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Substitute Luncheon Ctr. Mngr. Dept.: Office for the Aging

Will any positions be eliminated? No If yes, which position(s): _____

This position is an:

Existing position? X Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? _____ Part Time? X Permanent? _____ Temporary? _____

This position will be:

Non Union? X Union? _____ covered by the _____ bargaining unit.

Grade: _____ Step: _____ Hourly pay rate: \$9.00 per hour

Annual salary of position: varies Cost of benefits for position: .(no health ins.)

Does position support a mandated program/grant? No Name of program: Congregate Meals

Source of funding for position: 36 % County _____ % State 39 % Federal 25 % Other

Source of funding for benefits: 36 % County _____ % State 39 % Federal 25 % Other

Amount in current year's budget for this position: \$6,000.00 for average site manager

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Each center manager has their own center. The substitute works only if the regular center manager is off.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Luncheon center would not have a manager.

3. The funding available to fill the position from external sources.

Funding for this position is 36% County match, 39% Older American Act Federal Funds, 25% contributions

4. The benefit to the County generated by this specific position.

Activities at the luncheon centers will continue even if the manager is sick or away.

Department Head Signature: _____

Date: 11/2/2016

Approved by the Ways and Means Committee on _____

Request to Fill Position Form

Date: 11/2/2016

Committee of Jurisdiction: Human Services

Request to Fill: Title of Position: Meals-on-Wheels Driver Dept.: Office for the Aging

Will any positions be eliminated? no If yes, which position(s): _____

This position is an:

Existing position? Newly Created Position? _____ Created by Resolution #: _____

This position will be:

Full Time? _____ Part Time? Permanent? _____ Temporary? _____

This position will be:

Non Union? Union? _____ covered by the _____ bargaining unit.

Grade: _____ Step: _____ Hourly pay rate: \$9.00

Annual salary of position: \$5,616.00 Cost of benefits for position: \$542.00. (no health ins.)

Does position support a mandated program/grant? No Name of program: Meals-on-Wheels

Source of funding for position: 24% County 31% State 15% Federal 30% Other

Source of funding for benefits: 24% County 31% State 15% Federal 30% Other

Amount in current year's budget for this position: \$6,200.00

Rationale justifying the need to fill this position at this time. Please include in your rationale where applicable:

1. The specific duties that cannot be accomplished by another employee.

Each driver has their own route and must deliver at the same time each day.

2. The goals your organization will not be able to accomplish as a result of not filling this position.

Meals on wheels would not be delivered.

3. The funding available to fill the position from external sources.

Funding for this position comes from Federal, State and Participant contributions.

4. The benefit to the County generated by this specific position.

Delivering meals to homebound seniors.

Department Head Signature: _____

Date: 11/2/016

Approved by the Ways and Means Committee on _____

MEMORANDUM OF EXPLANATION

Intro. No. _____
(Clerk's Use Only)

COMMITTEE: Human Services

DATE: 11/2/16

2016 NOV. BUDGET CHANGES

APPROPRIATIONS INCREASE

A4313 4.56 SCAP	9,124
A4313 4.57 FINGERLAKES	1,942
A4313 4.60 ARA	80
A4313 4.59 ARA	48
A4313 4.61 ARC	123
A4313 4.62 ARA	2,882
4313 4.63 ARA	923
4313 4.64 ARA	12,551
4314 4.56 ARC	108
4314.4.58 ARA	257
A4314 4.60 LVA	14
A4315 4.56 ARA	630
A4315 4. ARC	97
A4315 4.58 SCAP	21
A4315 4.60 ACCORD	468
A4315 4.61 HOUSE OPTIONS	16
A4315 4.64 MHA	50
TOTALS	29,334

REVENUES INCREASE

A4313.3490.1075	9,124
A4313.3490.146L	2,022
A4313.3490.139J	45
A4313.3490.1400	3
A4313.3490.1037	123
A4313.3490.034K	2,837
A4313.3490.570	45
A4313.3490.037P	923
A4313.3490.039P	5,898
A4313.3490.046A	6,653
A4314.3490.1014	108
A4314.3490.1014	257
A4314.3490.1014	14
A4315.3490.1200	630
A4315.3490.1200	97
A4315.3490.1200	21
A4315.3490.1200	468
A4315.3490.1200	16
A4315.3490.1200	50
TOTALS	29,334

NO FISCAL IMPACT TO COUNTY

For further information regarding this matter, contact:

Robert W. Anderson Ph.D.
Name and Department
Community Services

585-593-1991
Telephone Number

MEMORANDUM OF EXPLANATION

INTRO. NO.
(CLERK'S USE ONLY)

COMMITTEE: Human Services

DATE: November 2, 2016

Allegany Council is receiving additional money from state aid.

	Inc. Approp.	Inc. Revenue
A4220.456	10,754	
A4220.457	682	
A4220.458	12,114	
A4220.3486.00		23,550

FISCAL IMPACT: None to the County

FOR FURTHER INFORMATION REGARDING THIS MATTER CONTACT:

Robert W. Anderson, PhD.
Allegany County Community Services

(585) 593-1991

NAME AND DEPARTMENT

TELEPHONE NUMBER

MONTHLY REPORT TO THE HUMAN SERVICES COMMITTEE

Submitted November 2, 2016

	Sept. 2015	Aug. 2016	Sept., 2016
Temporary Assistance Cases	421	415	401
TANF	213	195	194
Safety Net Singles	175	184	174
Safety Net Families	33	36	33
Non-FA Medicaid	5015	4529	4389
Food Stamps Only	2915	2802	2804
Child Care Only	76	70	74
Child Protective Services			
Hotline Calls	56	61	64
Total Active Cases	135	130	136
Foster Care & Adoption Services			
Number children in DSS care	97	67	62
Number of children in OCFS	1	0	0
Relative Placement	16	10	13
PINS Reform	12	8	9
Preventive Services			
Total number receiving services	47	47	46
Adult Protective/Preventive Services			
Protective Open Cases	23	40	35
Preventive Open Cases	7	4	4
Home Care & Related Services			
Personal Care Cases	42	39	39
Other (Care at Home/Private Duty)	3	3	3
Long Term Care Cases	42	0	0
CDPAP Cases	38	28	26

Respectfully Submitted,

Vicki L. Grant, MSW
Commissioner

Monthly Report November, 2016

PROGRAM INTEGRITY UNIT
MONTHLY REPORT
September, 2016

	September, 2016	Year to Date
Number of Investigation Referrals	9	132
Number of Investigations Completed	9	178
Substantiated	1	52
Unsubstantiated	4	122
No Determination	0	1
Number of Referrals for Criminal Action	0	30
Number of Food Stamp Disqualifications	2	9
FEDS Applications Referred for Investigation	27	197
Total Number of FEDS Investigations Completed	27	201
Applications Confirmed Denied/Withdrawn	1	15
Collections as a Result of Investigations	\$6,490.94	\$94,618.43
Bond and Mortgage Satisfactions	\$0	\$15,732.79
Estate Liens Satisfied	\$0	\$344.56
Accident Liens Satisfied	\$0	\$4,573.25
SSI Interim Repayment	\$31,080.74	\$78,586.69
TANF Grant Savings	\$0	\$156.00
Total Savings	\$37,571.68	\$194,012.62