



County of Albany

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

Legislation Text

File #: TMP-4997, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Contract Authorization for Pharmacy Services at Shaker Place Rehabilitation and Nursing Center.

Date: 1/4/2024
Submitted By: Shawn Thelen
Department: Shaker Place Rehabilitation and Nursing Center
Title: Deputy Executive Director
Phone: 518-447-7108
Department Rep.
Attending Meeting: Mark Olsen

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):

Pharmacy Corporation of America dba PharMerica 12 Interstate Avenue, Colonie, NY
12205

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$675,000 for three (3) years.

Scope of Services: Provide a comprehensive pharmaceutical program, including the provision and delivery of prescription and over-the-counter drugs, and professional consulting services, to Shaker Place Rehabilitation and Nursing Center (Shaker Place).

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: New York State Department of Health

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: NH 6020 44250

Appropriation Amount: \$225,000

Source of Funding - (Percentages)

Federal: 0

State: 0

County: 100

Local: 0

Original Awarding Agency / Funder:

Click or tap here to enter text.

New York State Pass-Through Agency (if applicable):

Click or tap here to enter text.

Term

Term: (Start and end date) March 1, 2024 - February 28, 2027

Length of Contract: 36 Months, option for two (2) one year renewals.

Impact on Pending Litigation

Yes ☐ No ☐

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

Previous requests for Identical or Similar Action:

Resolution/Law Number: Click or tap here to enter text.

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

Justification: (state briefly why legislative action is requested)

This contract request is for the delivery of prescription and over-the-counter drugs for the residents of Shaker Place. The award of the request for proposal (RFP) shall be able to deliver these medications on a seven (7) days a week schedule on a twenty-four (24) hour basis. All products will be delivered in accordance with the local, state and federal laws and regulations. Consulting and training services are to be provided as needed.