



# County of Albany

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

## Legislation Text

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**File #:** TMP-4625, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

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

Contract Extension - Guardian Consulting

Date: 09/20/2023  
Submitted By: Mark Olsen  
Department: Shaker Place Rehabilitation & Nursing Center  
Title: Executive Director  
Phone: 815-213-8955  
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):**

Guardian Consulting Services, Inc.

3333 New Hyde Park Road

Suite 202

New Hyde Park, NY 11042

##### **Additional Parties (Names/addresses):**

Click or tap here to enter text.

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

Scope of Services: Clinical Pharmacy Consulting required by NYS Regulations

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: NH6020 44250

Appropriation Amount: \$25,000

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.

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) 8/1/2023 to 1/31/2024

Length of Contract: 6-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: 232

Date of Adoption: 6/12/2017

**Justification:** (state briefly why legislative action is requested)

This request is for a contract extension. The original contract expired on 7-31-2023. We are required to complete an RFP for this service. Due to the timeline of RFP for approval we need additional time and therefore we are requesting to extend the existing contract for 6-months so a proper search can be conducted.

Shaker Place Rehabilitation & Nursing Center is required to retain the services of an independent pharmacy consultant to provide drug regimen reviews, nurse station audits, medication usage evaluations and recommendations for alternatives, quality assurance audits, review of physician orders, review of medication records, medication pass reviews, attendance at specific committee meetings as per the mandate of NYSDOH and CMS.