

DANIEL P. MCCOY COUNTY EXECUTIVE

COUNTY OF ALBANY DEPARTMENT OF SOCIAL SERVICES 162 WASHINGTON AVENUE ALBANY, NEW YORK 12210-2304 (518) 447-7300 WWW.ALBANYCOUNTY.COM

MICHELE G. MCCLAVE
COMMISSIONER

ERIN M. STACHEWICZ
EXECUTIVE DEPUTY
COMMISSIONER

VALERIE SACKS
DEPUTY COMMISSIONER

June 8, 2022

Hon. Andrew Joyce, Chairman Legislative Clerk's Office 112 State St., Room 710 Albany, NY 12207

Dear Chairman Joyce,

The Department of Social Services respectfully requests legislative approval for the following:

Pursuant to 22-OCFS-LCM-04 federal funds are available through the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services to provide resources to enhance, improve and expand adult protective services (APS) ability to investigate allegations of abuse, neglect and exploitation. These funds with be provided through the NYS allocation located in attachment A of the LCM.

Approval is requested to accept this allocation, which will be utilized to purchase hand held scanners for field work, an ID printer for protective clients who have no photo identification, computer equipment (e.g. computer monitors), printing and advertising materials to increase elder abuse awareness, overtime for workers to assist clients, and crisis intervention, deescalation and mental health training. In addition, the funds will be used to provide aide services for Protective Clients in shelter or emergency situations as well as emergency food, medication, clothing, residential cleaning and/or repairs and emergency shelter.

Sincerely,

Michele G. McClave

Commissioner

cc: Dennis A. Feeney, Majority Leader

Frank A. Mauriello, Minority Leader Rebekah Kennedy, Majority Counsel

Minority Counsel



County of Albany

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

Legislation Text

| File #: TMP-3378, Version: 1 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| REQUEST FOR LEGISLATIVE ACTIO | N |
| Description (e.g., Contract Authoriza Grant Acceptance for Social Service (Al | , |
| Date: | 6/1/2022 |
| Submitted By: | Joseph DeAngelis |
| Department: | Social Services |
| Title: | Contract Administrator |
| Phone: | 518-447-7583 |
| Department Rep. | |
| Attending Meeting: | Michele G. McClave |
| Purpose of Request: | |
| ☐ Adopting of Local Law ☐ Amendment of Prior Legislation ☐ Approval/Adoption of Plan/Procedure ☐ Budget Amendment ☐ Contract Authorization ☐ Countywide Services ☐ Environmental Impact/SEQR ☐ Home Rule Request ☐ Property Conveyance ☑ Other: (state if not listed) allocation for Adult Protective Services | Via the NYS Office of Family and Child Services to accept a federal |
| CONCERNING BUDGET AMENDMEN Increase/decrease category (choose a second contractual sequipment seq | |

| File #: TMP-3378, Version: 1 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase Account/Line No.: Source of Funds: | See attached American Rescue Plan Act of 2021: Grants to Enhance Adult Protective |
| <u>Services</u> Title Change: | Click or tap here to enter text. |
| CONCERNING CONTRACT AUTHORI | ZATIONS |
| Type of Contract: ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☑ Grant Choose an item. Submission Date Deadline Click | or tap to enter a date. |
| ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed) | Click or tap here to enter text. |
| Contract Terms/Conditions: | |
| Party (Name/address): Click or tap here to enter text. Additional Parties (Names/addresses): | |
| Click or tap here to enter text. | |
| Amount/Raise Schedule/Fee: Scope of Services: to enhance, improve and expand adult protecti exploitation. | \$66,403 Federal grant to Enhance Adult Protective Services to provide resources ve services (APS) ability to investigate allegations of abuse, neglect and |
| Bond Res. No.: Date of Adoption: | Click or tap here to enter text. Click or tap here to enter text. |
| CONCERNING ALL REQUESTS | |
| Mandated Program/Service: If Mandated Cite Authority: | Yes □ No ☒ Click or tap here to enter text. |
| Is there a Fiscal Impact: Anticipated in Current Budget: | Yes ☑ No ☐ Yes ☐ No ☑ |

File #: TMP-3378, Version: 1

County Budget Accounts:

Revenue Account and Line:

See attached

Revenue Amount:

Click or tap here to enter text.

Appropriation Account and Line:

Click or tap here to enter text.

Appropriation Amount:

See attached

Source of Funding - (Percentages)

Federal:

100%

State: County:

0

County: Local:

0

Term

Term: (Start and end date)

8/1/2021-5/31/2023

Length of Contract:

22 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:

Click or tap here to enter text.

Date of Adoption:

Click or tap here to enter text.

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

Pursuant to 22-OCFS-LCM-04 federal funds are available through the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services to provide resources to enhance, improve and expand adult protective services (APS) ability to investigate allegations of abuse, neglect and exploitation. These funds with be provided through the NYS allocation located in attachment A of the LCM.

Approval is requested to accept this allocation, which will be utilized to purchase hand held scanners for field work, an ID printer for protective clients who have no photo identification, computer equipment (e.g. computer monitors), printing and advertising materials to increase elder abuse awareness, overtime for workers to assist clients, and crisis intervention, deescalation and mental health training. In addition, the funds will be used to provide aide services for Protective Clients in shelter or emergency situations as well as emergency food, medication, clothing, residential cleaning and/or repairs and emergency shelter.



Kathy Hochul Governor 52 WASHINGTON STREET RENSSELAER, NY 12144

Sheila J. Poole Commissioner

Local Commissioners Memorandum

Transmittal: 22-OCFS-LCM-04

To: Local District Commissioners

Directors of Services

Adult Protective Supervisors

Issuing Division of Child Welfare and Community Services

Division/Office: Division of Administration

Date: March 17, 2022

Subject: Administration for Community Living – American Rescue Plan Act

Adult Protective Services Grant

Contact Shelly Fiebich

Person(s): Shelly.Aubertine-Fiebich@ocfs.ny.gov; 518-402-1639

Attachments: Attachment A: District Allocation Amounts

Attachment B: Attestation of Use of Administration for Community Living –

American Rescue Plan Act of 2021: Grants to Enhance Adult Protective

Services

Attachment C: Request for Approval of Equipment Expenditure Exceeding

\$5,000

Attachment D: Tribes of New York State and County of Residence Attachment E: Annual Program Report Template and Instructions Attachment F: For U.S. Administration for Community Living Grants

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal funds through the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services administered by the Administration for Community Living (ACL). The federal ACL has made available one-time funding in the amount of \$4,864,372 to New York State for use from August 1, 2021, through May 31, 2023. This LCM provides information on each LDSS's allocation (Attachment A) from the remaining funds, how the funds can be used, and annual reporting and claiming requirements.

II. Background

These funds are being made available to states to provide resources to enhance, improve and expand adult protective services' (APS) ability to investigate allegations of abuse, neglect and

22-OCFS-LCM-04 March 17, 2022

exploitation. New York State Office of Children and Family Services (OCFS) recently surveyed the districts to ascertain the current needs and services of vulnerable adults in their LDSSs as well as their staff's needs. The survey identified the following needs and services: the need for additional/temporary staff; additional personal protection equipment; the use of tele-health services; and tangible services for clients, such as rental assistance, transportation, and food and meal delivery.

III. Program Implications

LDSSs can only use the funds for the allowable expenditures noted below. LDSSs will be required to sign an attestation (Attachment B) indicating how they will use the funds in accordance with the allowable identified expenditures of the federal grant. LDSSs must also attest that they will not use their allocation to supplant any New York State (NYS) APS funds and that the funds will only be used to supplement existing state and LDSS APS resources. OCFS may reallocate any unspent funds from an LDSS to other LDSSs that have claims that exceed their allocations. Funds can be used from August 1, 2021, through May 31, 2023.

Completed attestations (Attachment B) are due to Shelly Fiebich (Shelly Aubertine-Fiebich@ocfs.ny.gov) by April 11, 2022.

The funds may be used for the following purposes:

- Establishing or enhancing the availability for elder shelters and other emergency, short-term housing and accompanying "wraparound" services for APS clients
- Establishing, expanding or enhancing state-wide and local-level elder justice networks to remove bureaucratic obstacles and improve coordination across the many state and local agencies interacting with APS clients who have experienced abuse, neglect or exploitation
- Working with tribal APS efforts, such as conducting demonstrations on state-tribal APS partnerships to better serve tribal elders who experience abuse, neglect and exploitation; partnering with tribes within the state to include tribal elder abuse data in the state's National Adult Maltreatment Reporting System (NAMRS); and undertaking demonstrations to better understand elder abuse experienced by Tribal individuals living in non-tribal communities and served by state APS programs
- Improving or enhancing existing APS processes for receiving reports, conducting intakes and investigations, planning/providing for services, making case determinations, documenting and closing cases, and continuous quality improvement
- Improving and supporting remote work, such as the purchase of communications and technology hardware, software or infrastructure to provide adult protective services such as
 - o laptops
 - o smartphones
 - o electronic tablets
 - o Wi-Fi hotspots and
 - o software to facilitate secure video conferencing and virtual meetings.
- Improving data collection and reporting at the caseworker, local and state levels in a manner that is consistent with (NAMRS)
- Costs associated with establishing new or improving existing processes for responding to alleged scams and frauds
- Costs associated with community outreach
- Costs associated with providing goods and services to APS clients

- Acquiring personal protection equipment and supplies
- Paying for extended hours/overtime for staff, hiring temporary staff and associated personnel costs
- Training costs
- Costs associated with assisting APS clients to secure the least restrictive option for emergency or alternative housing, and with obtaining, providing or coordinating with care transitions as appropriate; these funds can be used to temporally assist an APS client in securing housing services with a Family-Type Home for Adults

Any prospective equipment purchases \$5,000 or more **per unit** must receive **prior** approval from OCFS and ACL per 45 CFR 75.320(a)(2). Equipment refers to tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Each district is required to forward to OCFS any proposed equipment purchase costing \$5,000 per unit or more using Attachment C.

When submitting equipment purchase requests using Attachment C, the following information is required:

- Identification of and cost of purchase
- Purpose and intended use of the proposed purchase
- Market research completed (i.e., obtaining bids, assessment of lease vs. purchase)
- Efforts to adhere to "Buy American"

Equipment purchase requests (Attachment C) should be submitted directly to OCFS. OCFS will review and approve or disapprove the purchase request. If approved, then OCFS will provide the purchase request to ACL for review. Once OCFS receives the response from ACL, the LDSS will be contacted immediately by OCFS. Once prior approval is received, districts should then follow their own procurement policies.

IV. Annual Reporting Requirements

LDSSs awarded funding need to submit an annual programmatic report that details how the funds were used in accordance with the federal requirements and what challenges and successes they encountered in using the funds. A template and instructions are provided in Attachment E.

Additionally, LDSSs with tribes residing within the LDSS must work collaboratively with the tribes to provide support to those individuals age 60 or older who have an APS need. A list of the tribes and the LDSS they reside in is in Attachment D.

Completed programmatic reports must be emailed to Shelly Fiebich at <u>Shelly.Aubertine-Fiebich@ocfs.ny.gov</u> as instructed in Attachment E.

V. Claiming Requirements

There is \$4,044,272 in federal funds for expenditures related to the implementation of the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services. Claims for these funds must be submitted as described below. These funds are to be used only to

22-OCFS-LCM-04 March 17, 2022

reimburse expenditures beginning August 1, 2021, and ending May 31, 2023, and final accepted in the Automated Claiming System (ACS) by July 29, 2023.

Expenditures for the Adult Protective ARPA project should be claimed through the RF17 claim package for special project claiming. These costs are first identified on the RF2A claim package as F17 functional costs and reported in the F17 column on the LDSS-923, Cost Allocation Schedule of Payments Administrative Expenses Other Than Salaries and the LDSS-2347, Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program. After final acceptance of the RF2A claim package, the individual project costs are then reported under the project label Adult Protective ARPA on the LDSS-4975A, RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs.

Non-salary administrative costs are reported with the appropriate object of expense(s) on the LDSS-923B, Summary-Administrative (page 1), Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs. Program costs should be reported as object of expense 37 - Special Project Program Expense on the LDSS-923B, Summary-Program (page 2), Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs.

Total project costs should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)* as 100% federal share. For each LDSS, the expenditures reported for the Adult Protective ARPA will be reimbursed up to the amount of the district's allocation.

Further instructions for completing the time studies, Schedule D, and RF17 claim package are found in Chapters 4, 7 and 18, respectively, of the *Fiscal Reference Manual* (FRM), Volume 3. The FRM is available online at http://otda.state.nyenet/bfdm/finance/.

VI. Contacts

Questions pertaining to the allocations may be directed to:

Shonna Clinton, Local Operations Manager, Bureau of Budget Management (518) 474-1361
Shonna.Clinton@ocfs.ny.gov

Any ACS claiming questions should be directed to the OTDA Bureau of Financial Services by email or telephone:

Lauren Horn (Regions I-V) at (518) 474-7549 otda.sm.Field Ops.I-IV@otda.ny.gov

Michael Simon (Region VI) at (212) 961-8250 Michael Simon@otda.ny.gov

/s/ Lisa Ghartey Ogundimu, Esq.

Issued by:

Name: Lisa Ghartey Ogundimu, Esq.

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services

/s/ Derek J. Holtzclaw

Issued by:

Name: Derek J. Holtzclaw Title: Deputy Commissioner

Division/Office: Division of Administration

Attachment A: District Allocation Amounts

| District | Allocation | District | Allocation |
|-------------|------------|-----------------|-------------|
| Albany | \$66,403 | Ontario | \$16,457 |
| Allegany | \$13,156 | Orange | \$57,049 |
| Broome | \$39,342 | Orleans | \$4,702 |
| Cattaraugus | \$7,178 | Oswego | \$23,686 |
| Cayuga | \$16,332 | Otsego | \$13,706 |
| Chautauqua | \$35,915 | Putnam | \$19,458 |
| Chemung | \$22,710 | Rensselaer | \$40,718 |
| Chenango | \$3,177 | Rockland | \$54,148 |
| Clinton | \$8,429 | Saratoga | \$40,093 |
| Columbia | \$17,357 | Schenectady | \$25,336 |
| Cortland | \$11,830 | Schoharie | \$5,077 |
| Delaware | \$31,714 | Schuyler | \$9,729 |
| Dutchess | \$51,622 | Seneca | \$4,552 |
| Erie | \$231,050 | St. Lawrence | \$29,137 |
| Essex | \$6,478 | St. Regis | \$1,951 |
| Franklin | \$8,654 | Steuben | \$41,117 |
| Fulton | \$17,108 | Suffolk | \$105,020 |
| Genesee | \$11,905 | Sullivan | \$22,860 |
| Greene | \$8,529 | Tioga | \$12,080 |
| Hamilton | \$1,275 | Tompkins | \$20,309 |
| Herkimer | \$18,383 | Ulster | \$15,506 |
| Jefferson | \$18,708 | Warren | \$9,129 |
| Lewis | \$4,051 | Washington | \$13,055 |
| Livingston | \$14,456 | Wayne | \$5,478 |
| Madison | \$7,929 | Westchester | \$72,831 |
| Monroe | \$109,447 | Wyoming | \$4,927 |
| Montgomery | \$9,629 | Yates | \$2,176 |
| Nassau | \$71,706 | | |
| Niagara | \$55,223 | NYC | \$2,327,885 |
| Oneida | \$26,836 | | |
| Onondaga | \$99,568 | Statewide Total | \$4,044,272 |

Attachment B:

Attestation of Use of Administration for Community Living (ACL) American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services

| the expl | is to certify that local department of social services (LDSS) will use the allocation of the erican Rescue Plan Act funds authorized in the amount of \$ to enhance, improve and expand ability of the LDSS's Adult Protective Services ability to investigate allegations of abuse, neglect and loitation, as indicated below. Additionally, we will work collaboratively with any tribe residing within our rict to implement this funding, as warranted. |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| appi | h funds will not be used to supplant any other state or local funds and the funds will only be used to plement existing New York State and LDSS APS resources. Claims for reimbursement under this ropriation will not be submitted for the same type and level of funding covered by any other state or lly authorized appropriation. |
| Plar | n for use of funds – check all that apply: |
| | 1. Establishing or enhancing the availability of elder shelters or other emergency, short-term housing and accompanying "wrap-around" services for APS clients |
| | 2. Establishing or expanding/enhancing the state-wide and local-level elder justice networks |
| | 3. Working with tribal adult protective services efforts |
| | 4. Improving or enhancing existing APS processes |
| | 5. Improving and supporting remote work, such as purchasing communications and technology hardware, software or infrastructure (equipment \$5,000 or more needs OCFS and ACL approval) |
| | Improving data collection and reporting at the case worker, local and state levels in a manner consistent with the National Adult Maltreatment Reporting System (NAMRS) |
| | 7. Establishing new or improving existing processes for responding to alleged scams and frauds |
| | 8. Conducting community outreach |
| | 9. Providing goods and services to APS clients |
| | 10. Acquiring personal protection equipment and supplies |
| | 11. Paying for extended hours/overtime for staff, hiring temporary staff and associated personnel costs |
| | 12. Training costs |
| | 13. Assisting APS clients with securing the least restrictive option for emergency or alternative housing and with obtaining, providing or coordinating with care transitions as appropriate |
| NOT | T. On the fallentian and a LDOO |

NOTE: On the following page, LDSSs must identify which project goals the above selected strategies will support and the dollar amount of the grant allocation that will be devoted to that project(s).

LDSS's must project 2022 ARPA 2 funding allocations to completion of the chart on the following page. LDSS's should plan on receiving approximately 80% of the total dollar amount of the two 2021 ACL grant allocations for their 2022 ARPA 2 allocation. (ARPA 2 = 80% of COVID-19 + ARPA 1). The minimum LDSS allocation for ARPA 2 funding is \$25,000. The LDSS then must designate that dollar amount to be expended for those project goals that will be supported by each ARPA grant allocation.

List the number of each

strategy selected from

ARPA Grant

#2 Funding

Selection

aligns with

ARPA Grant

#1 Funding

Attachment B: Attestation of Use of Administration for Community Living American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services

| previous page next to the ARPA Project Goal(s) the LDSS intends to impact with these funds (At least one Goal and one row must be selected and completed) | ARPA Project Goal | Amount designated for each Project Goal selected | Amount (projected) designated for each Project Goal selected | current county plan Y/N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|-------------------------------|
| | Improve/enhance identification and investigation of vulnerable adults who self-neglect or are abused, neglected, or exploited by others. | \$ | \$ | ☐ Yes ☐ No |
| | Enhance/improve use of legal interventions including improved awareness and training for legal systems partners and stakeholders. | \$ | \$ | ☐ Yes ☐ No |
| | Improve/enhance effective utilization of multidisciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults. | \$ | \$ | ☐ Yes ☐ No |
| | Enhance provision of protective and residential services in the least restrictive manner that will effectively protect and support self-determination of vulnerable and dependent adults. | \$ | \$ | ☐ Yes ☐ No |
| | Youth aging out of foster care or other child welfare services who could benefit from Adult Protective Services as they reach adulthood will be identified, have their needs assessed and be protected. | \$ | \$ | ☐ Yes ☐ No |
| | Promote the safety and dignity of vulnerable adults by improving awareness of APS authority and of incidences of abuse, injury, exploitation, violence, and neglect. | \$ | \$ | ☐ Yes ☐ No |
| Nome of parent services | Allo Source | | | |
| Name of person completing Name of commissioner: | g the form: | | Date: / | 1 |
| Commissioner's signature: | X | T | Deter | |
| | ottostations to Challe Ashari | | Date: / | 1 |

Email completed attestations to Shelly.Aubertine-Fiebich@ocfs.ny.gov by April 11, 2022.

Attachment B: Strategies and Goal Guide

The chart below is included as a reference tool to assist in strategy and goal selection for the required attestation.

| ACL Project Goal | Matching ACL Strategies |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improve/enhance identification and investigation of vulnerable adults who self-neglect or are abused, neglected or exploited by others. Lack of staffing resources Enhance data system/technology Identifying LDSS training specific to APS and clients Improve/enhance inter-agency collaborations Improve/enhance communications with systems/providers/agencies | Training, Equipment, Temp staff, Response to fraud/scams, Community outreach, PPE, Travel, Improved data collections, System enhancements, enhancing existing processes, Working with Tribal APS partners, enhancing elder justice networks, Establishing/enhancing elder shelters or other emergency housing and wraparound services |
| Enhance/improve use of legal interventions including improved advocacy, awareness, and training for legal systems partners and stakeholders. Better engagement/ training/ understanding with legal/court system | Response to fraud/scams, Training, Enhancing existing processes, Temp staff |
| Improve/enhance effective utilization of multidisciplinary teams and community partners and resources to improve investigations, assessments, and service delivery to reduce risk and protect vulnerable adults. Improve/enhance inter-agency collaborations Improve/enhance communications with systems/providers/agencies Partner with agencies to increase awareness Improved partnerships with financial institutions Increasing Rep Payee cases/limited supports Identify strategies to better support underserved populations | Response to fraud/scams, PPE, travel, goods and services, working with Tribal APS partners, establishing/enhancing elder shelters or other emergency housing and wraparound services |
| Enhance provision of protective and residential services in the least restrictive manner that will effectively protect and support self-determination of vulnerable and dependent adults. Lack of resources perpetuate/increase client risks | Emergency housing and care transitions, goods and services, community outreach, working with Tribal APS partners, establishing/enhancing elder shelters or other emergency housing and wraparound services |
| Promote the safety and dignity of vulnerable adults by improving awareness of APS authority and of incidences of abuse, injury, exploitation, violence, and neglect. Misunderstanding of APS roles/authority Identify strategies to better support underserved populations Partner with agencies to increase awareness of practicality of APS role Improved partnerships with financial institutions/appropriate referral | Community outreach, training, response to fraud/scams |

Attachment C: Large Purchase Request for Expenditure Exceeding \$5,000 Form

Email equipment requests costing \$5,000 or more per unit to Shelly Aubertine-Fiebich at Shelly.Aubertine-Fiebich@ocfs.ny.gov

| Date: | 1 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Grantee Organization: | (LDSS) |
| Grantee Contact Name: | · |
| Grantee Email: | |
| Grant Number: | 2101NYAPC6-00 |
| Attach three cost estimates for the piece of equipment you are requesting and indicate here which bid you are choosing. | |
| Cost estimates can be bids from vendors/dealerships or print outs of cost from sellers. | |
| Describe the purpose/intended use of the equipment and how the equipment willbenefit the program: | |
| What percentage of the total cost of the equipment/supply will these grant funds cover? If other funding is available, please identify the source and amount. | % Source Amount \$ |
| For instance, if the total cost of the item is \$10,000, and the grant program is responsible for \$5,000, and state/territory funds will be used for the remaining \$5,000 write 50% in this space. If grant funds will be used to for the full cost of the purchase, write 100% in this space. | |
| What is the estimated percentage of time the equipment will be used by the APS program? | % |
| If this purchase is being shared with other programs, indicate the percentage of time that the program will use this item. For instance, if you're purchasing a vehicle partially with APS grant funds and partially with state/territory funds, and your program will only have access to the vehicle 50% of the time, write 50% in this space. If the APS program will have access to the purchase 100% of the time, write 100% in this space. | |
| Include an analysis of lease and purchase alternatives to determine which would be the most economical and practical procurement of the recipient and the federal government. | |
| Buy American Requirement: Attach information indicating the equipment isproduced in the United States. | |

Attachment D: Tribes in New York State and County of Residence

Cayuga Nation of Indians - Seneca and Cayuga Counties

Oneida Indian Nation - Madison County

Onondaga Nation - Onondaga County

St. Regis Mohawk Tribe - Franklin County

Seneca Nation of Indians - Erie, Cattaraugus and Chautauqua Counties

Tonawanda Band of Seneca - Genesee County

Tuscarora Nation - Niagara County

Unkechaug and Shinnecock Indian Nations - Suffolk County

ATTACHMENT E:

New York State ACL Grant Report REPORTING PERIOD: August 1, 2021-July 31, 2022 (One) <u>DUE DATE August 10, 2022</u> August 1, 2022-July 31, 2023 (Two) <u>DUE DATE August 10, 2023</u> Final Report <u>DUE DATE October 30, 2023</u> Annual Program Report Template and Instructions

Name of Local District:

Name and Title of Reporter:

Strategy Selected:

| Objectives/Activities Updated / / | APS Process Model Topic | Description of Accomplishments (Q1) | Outputs (Q4) | Description of Impact (Q3) |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List the specific strategy selected on page 1 of the LDSS attestation that supports the goal noted above and the actual activity completed. | APS Process Model Topic Select the corresponding Input/Resource and stage of the case process. | List what was accomplished with implementing the strategy/activity. List any significant partners and their role in the activity. | List services purchased, goods or staff acquired and total expenditure. List the number of APS clients who received the service or activity. List the number of those who were age 60 or older. | Describe the impact the activity had on the goal. Are there measurable outcomes that can be included to support the impact? Have risks been decreased and safety increased? |
| | | | | |
| Challenges, Barriers, Alter | Challenges, Barriers, Alterations (Q2): Describe what if a | any challenges or barriers were | any challenges or barriers were encountered during the reporting period, what actions | ing period, what actions |

were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

Instructions:

The LDSS must complete and submit an Annual Program Performance Report to OCFS using the attached Reporting Form.

Due Dates: OCFS must submit two (2) statewide reports to ACL by August 31, 2022, and August 31, 2023. To meet that deadline, the LDSS must submit the annual report to OCFS no later than October 30, 2023.

The following charts provide examples of report completion, linking activities with stages in the APS process and definitions services.

cnallenges, barriers, Alterations (UZ): Describe what it any challenges or barriers were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

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| Objectives/Activities | APS Process Model Topic | Description of | Outputs (Q4) | Description of Impact (O3) |
|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|
| Updated / / | | Accomplishments (Q1) | | |
| Improve/support remote | Create New/Enhance Existing | Ten laptops with MiFi and 10 cell Current equipment and | Current equipment and | Initial and follow up visits for |
| work through the purchase | Operational Supports | phones were purchased for eight contract expenditures total | contract expenditures total | all 40 cases were conducted |
| laptops and cell phones for | | case workers and two | \$20,000. The equipment has | and documented timely. |
| case workers | | supervisors | been used for 10 months on | Service availability is |
| | | | 40 APS investigations/cases. | confirmed more expeditiously |
| | | | Thirty of those cases involved | as this can be verified while in |
| | | | clients age 60 or older. | the field. Case notes are |
| | | | | completed while in the field |
| | | | | and are detailed, concise and |
| | | | | timely. |
| Challange Barriore Altoratio | the track of today | Challanger Barrions (1991: December that is an abella and a second to the second to th | | |

Challenges, Barriers, Alterations (Q2): Describe what if any challenges or barriers were encountered during the reporting period, what actions were taken to address them and if there were any changes to the goals, objectives or activities because of the challenges.

ATTACHMENT F: FOR U.S. ADMINISTRATION FOR COMMUNITY LIVING GRANTS

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, section 354(a) states "all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification."

| (i) | Subrecipient Name | Attachment A | | | | | |
|--------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (ii) | Subrecipient's unique entity identifier | Local Social Service Districts | | | | | |
| (iii) | Federal Award Identification Number (FAIN) | 2101NYAPC6 | | | | | |
| (iv) | Federal award date to the recipient by the HHS awarding agency | August 3, 2021 | | | | | |
| (v) | Subaward period of performance start and end dates | August 1, 2021 – September 30, 2023 | | | | | |
| (vi) | Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient | Attachment A | | | | | |
| (vii) | Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation | Attachment A | | | | | |
| (viii) | Total amount of the award committed to the subrecipient by the pass-through entity | Attachment A | | | | | |
| (ix) | Federal award project description | American Rescue Plan for Adult Protective Services under SSA Title XX Section 2042(b) | | | | | |
| (x) | Name of the HHS awarding agency, pass-through entity and contact information for awarding official of the pass-through entity | Administration for Community Living: Shonna Clinton – (518) 474-2812 Shonna.Clinton@ocfs.ny.gov | | | | | |
| (xi) | CFDA number and name | 93.747 – American Rescue Plan for Adult Protective Services under SSA Title XX Section 2042(b) | | | | | |
| (xii) | Identification of whether the award is research and development (R&D) | N | | | | | |
| (xiii) | Indirect cost rate for the federal award (including if the de minimum rate is charged per section 75.414) | Please see uniform guidance 45 CFR 75 | | | | | |

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| | | 6010 6070 | | | | 6070 | 6010 | 6010 | 6010 | 6010 | 6010 | | |
| | | 4610 4670 | ACCOUNT NO. | | | 4 4046 | 4 4046 | 4 4042 | 4 4039 | 2 2050 | 1 9900 | ACCOUNT NO. Pos Cntrl | |
| GRAND TOTALS | TOTAL ESTIMATED REVENUES | Social Services Admin - Federal Purchase of Srvs for Recipients - Federal | RESOLUTION DESCRIPTION | ESTIMATED REVENUES | TOTAL APPROPRATIONS | Fees for Services | Fees for Services | Printing and Advertising | Conferences Training Tuition | Computer Equipment | Overtime | s Cntrl RESOLUTION DESCRIPTION | |
| €\$ | €9 | | DEC | | \$ | 49 | ₩ | ₩ | 49 | 49 | 49 | INC | |
| 66,403 | 5 | | DECREASE | | 66,403 | 5,000 | 32,703 | 3,700 | 17,000 | 5,000 | 3,000 | INCREASE | |
| ↔ | \$ | es es | INC | | €9 | | | | | | | DEC | |
| 66,403 | 66,403 | 61,403 5,000 | INCREASE | | - | | | | | | | DECREASE | |
| | | | | | | ₩ | 49 | ₩ | ₩ | ₩ | (A) | | וטנמ |
| | | \$ 12,734,960 \$ 170,710 | | | | 810,335 | 947,690 | 46,000 | 64,000 | 197,320 | 22,500 | Cost | י סנמו כווועמו |
| SOCIAL SERVICES | SOCIAL SERVICES | Social Services Social Services | DEPARTMENT NAME | | SOCIAL SERVICES | Social Services | Social Services | Social Services | Social Services | Social Services | Social Services | DEPARTMENT NAME | |