

Social Services Packet

Tuesday, October 6, 2026

COMMITTEE	RESOLUTION	TITLE
SS/C/B/R	G/1	RESOLUTION AUTHORIZING THE EXTENSION OF A CONTRACT WITH COMPREHENSIVE SKILLED CARE SOLUTIONS, LLC FOR REHABILITATION SERVICES - VAN RENSSELAER MANOR Motion Made By: Seconded By: Moved: Notes:
SS/B/R	G/4	RESOLUTION AUTHORIZING A REFUND OF OVERPAYMENT TO CHILDREN'S HEALTH HOME OF UPSTATE NEW YORK - MENTAL HEALTH Motion Made By: Seconded By: Moved: Notes:
SS/C/B/R	G/13	RESOLUTION AUTHORIZING THE ACCEPTANCE OF AN ALLOCATION FROM NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE AND AMENDING THE 2026 RENSSELAER COUNTY ADOPTED BUDGET - DEPARTMENT OF SOCIAL SERVICES Motion Made By: Seconded By: Moved: Notes:

RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Grant, Loveridge, Weaver

Sent To: Social Services

Committee

Date October 13, 2026

Resolution No. G/1

**RESOLUTION AUTHORIZING THE EXTENSION OF A CONTRACT WITH COMPREHENSIVE
SKILLED CARE SOLUTIONS, LLC FOR REHABILITATION SERVICES
- VAN RENSSELAER MANOR**

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, Van Rensselaer Manor is required by regulation to provide Speech, Occupational and Physical Therapy services as ordered by the Primary Care Physicians; and

WHEREAS, Resolution G/357/24 authorized a contract with Comprehensive Skilled Care Solutions, LLC (RFP-24-24) in the amount of \$1,800,000.00 for the period of October 1, 2024 through September 30, 2025; and

WHEREAS, Resolution G/379/25 authorized an extension of the contract through September 30, 2026; and

WHEREAS, Van Rensselaer Manor seeks to extend existing contract for an additional one-year period beginning October 1, 2026 through September 30, 2027; and

WHEREAS, The start and end dates of such contract, the source of funding of the same, the total amount to be expended over the life of the same, which shall not exceed budgeted appropriations, and the name and address of the contracting party are as follows:

<u>CONTRACT DESCRIPTION</u>	<u>VENDOR</u>	<u>APPROPRIATION CODE</u>	<u>AMOUNT</u>
Rehabilitation Services 10/1/26 - 9/30/27	Comprehensive Skilled Care Solutions, LLC (CS2) 225 Crossways Park Dr. Woodbury, NY 11797	EH.07330.29	\$1,800,000

; now, therefore, be it

RESOLVED, That the Rensselaer County Executive, or his designee, is authorized to sign the above-referenced agreement, subject to the approval as to form by the Rensselaer County Attorney.

Resolution ADOPTED by the following vote:

Ayes:

Nays:

Abstain:

October 13, 2026

Clerk of the Legislature

Sent to County Executive _____

Received from County Executive _____

Clerk of the Legislature



Executive Action

Approved _____ Date _____

Disapproved _____
Veto Message Attached and Returned to Clerk

County Executive

LEGISLATIVE FISCAL IMPACT STATEMENT

TYPE OF LEGISLATION: Local Law: ☐ G Resolution: ☒ P Resolution: ☐

TITLE:

RESOLUTION AUTHORIZING TO EXTEND A CONTRACT FOR REHABILITATION SERVICES

REQUESTED BY: VAN RENSSELAER MANOR

SPONSOR(S): _____

FISCAL IMPACT

- 1) Projected cost of proposed legislation, if any \$ \$1,800,000
- 2) Method of Financing – note all that apply (Federal/State Funding, Bonding, Tax Levy, etc.):
 - a) For Federal Funding: Amount \$ _____ and length of time Federal Funding is available _____.
Is it available for ongoing expenses? YES ☐ NO ☐
 - b) For State Funding: Amount \$ _____ and length of time Federal Funding is available _____.
Is it available for ongoing expenses? YES ☐ NO ☐
 - c) If bonded, state amount of total indebtedness this legislation will create and projected interest cost over the course of borrowing:

Principal: \$ _____ Projected Interest: \$ _____
 - d) Tax Levy impact for current Year \$ _____ and ongoing \$ _____
 - e) Other (please explain): VRM Patient Services Revenue
- 3) Is this expense program mandated? YES: ☐ NO: ☒
- 4) Length of expense or project (one time only, ongoing, etc.): 10/01/2026 - 09/30/2027
- 5) Justification for the appropriation/expenditure requested. Include any revenue this will produce or any expense that will be avoided:

Funding through year 2026 and 2027 Adopted Budget for Therapy Services.

Signature (Department Head):



RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Grant, Loveridge, Weaver

Sent To: Social Services Committee Date September 10, 2024

Resolution No. G/357/24

RESOLUTION AUTHORIZING AN AGREEMENT WITH COMPREHENSIVE SKILLED CARE SOLUTIONS, LLC FOR REHABILITATION SERVICES - VAN RENSSELAER MANOR

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, Van Rensselaer Manor ("VRM") is required by regulation to provide speech, occupational and physical therapy services as ordered by the primary care physicians; and

WHEREAS, The current provider's contract for these services expires 08/31/24 requiring VRM to complete an RFP process in order to secure a new vendor; and

WHEREAS, Four vendors submitted proposals (RFP-24-24) to provide these services and a committee evaluated the proposals based on references, cost, technology, staffing services and compliance; and

WHEREAS, VRM seeks to enter into a one-year agreement with Comprehensive Skilled Care Solutions (CS²), 225 Crossways Park Drive, Woodbury, New York 11797 for the term beginning October 1, 2024 through September 30, 2025 to provide said rehabilitation services, and

WHEREAS, The start and end date of such agreement, the source of funding of the same, the total expended over the life of the same, which shall not exceed budgeted appropriations and the name and address of the contracting party is as follows:

<u>CONTRACT</u> <u>DESCRIPTION</u>	<u>VENDOR</u>	<u>APPROPRIATION</u> <u>CODE</u>	<u>CONTRACT</u> <u>AMOUNT</u>
Rehabilitation Services 10/01/2024 - 09/30/2025)	Comprehensive Skilled Care Solutions LLC (CS²) 225 Crossways Park Dr. Woodbury, NY 11797	EH.07330.29	\$1,800,000.00

; now, therefore, be it

Resolution No. G/357/24

Page No. 2 of 2

RESOLVED, That the Rensselaer County Executive, or his designee, is authorized to sign the above described agreement, subject to the approval as to form by the Rensselaer County Attorney.

Resolution ADOPTED by the following vote:

Ayes: 18

Nays: 0

Abstain: 0

September 10, 2024

Clerk of the Legislature

Sent to County Executive

9/11/24

Received from County Executive

9/17/24

Jessica L. Chavis
Clerk of the Legislature



Executive Action

Approved ✓

Date

9/16/24

Disapproved _____

Veto Message Attached and Returned to Clerk

[Signature]
County Executive

RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Grant, Loveridge, Weaver

Sent To: Social Services

Committee

Date October 14, 2025

Resolution No. G/379/25

RESOLUTION AUTHORIZING AN AMENDED AGREEMENT WITH COMPREHENSIVE SKILLED CARE SOLUTIONS, LLC FOR REHABILITATION SERVICES - VAN RENSSELAER MANOR

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, Resolution G/357/24 authorized an agreement with Comprehensive Skilled Care Solutions, LLC (RFP-24-24) for rehabilitation services for the period of October 1, 2024 through September 30, 2025 for the amount of \$1,800,000.00; and

WHEREAS, Van Rensselaer Manor seeks to amend the existing agreement with Comprehensive Skilled Care Solutions, LLC for an additional one-year period of October 1, 2025 through September 30, 2026 for a total amount of \$3,600,000.00; and

WHEREAS, The start and end dates of such agreement, the source of funding of the same, the total amount to be expended over the life of the same, which shall not exceed budgeted appropriations, and the name and address of the contracting party are as follows:

<u>CONTRACT DESCRIPTION</u>	<u>VENDOR</u>	<u>APPROPRIATION CODE</u>	<u>AMENDED CONTRACT AMOUNT</u>
Rehabilitation Services	Comprehensive Skilled Care Solutions, LLC (CS2)	EH.07330.29	2024-2025 \$1,800,000.00
10/1/24 -	225 Crossways Park Dr.		2025-2026 \$1,800,000.00
9/30/26	Woodbury, NY 11797		\$3,600,000.00

; now, therefore, be it

RESOLVED, That the Rensselaer County Executive, or his designee, is authorized to sign the above described amended agreement, subject to the approval as to form by the Rensselaer County Attorney.

Resolution **ADOPTED** by the following vote:

Ayes: 19

Nays: 0

Abstain: 0

October 14, 2025

Clerk of the Legislature

Sent to County Executive 10/15/25

Received from County Executive 10/16/25

Jessica L. Chase
Clerk of the Legislature



Executive Action

Approved ✓

Date 10/15/25

Disapproved _____

Veto Message Attached and Returned to Clerk

F. McCall
County Executive

**AMENDMENT TO
THERAPY SERVICES AND SUPPLEMENTAL STAFFING AGREEMENT
BETWEEN RENSSELAER COUNTY AND
COMPREHENSIVE SKILLED CARE SOLUTIONS LLC**

This Amendment takes effect as of **October 1, 2026** and is made between Rensselaer County on behalf of the Van Rensselaer Manor with offices located at 99 Troy Road, East Greenbush, New York 12061 hereinafter referred to as the "County" and Comprehensive Skilled Care Solutions, LLC, with an address of 225 Crossways Park Drive, Woodbury, New York 11797 hereinafter referred to as the "Vendor."

WHEREAS, County and Vendor entered into a Therapy Services And Supplemental Staffing Agreement ("Agreement") dated October 1, 2024 hereinafter referred to as the "Agreement"; and

WHEREAS, County and Vendor wish to amend the Agreement in certain respects as set forth in this Amendment; and

NOW THEREFORE, County and Vendor agree as follows:

1. Paragraph 5. Term and Termination shall be revised as follows:

DELETE: "The term of this Agreement shall commence on **October 1, 2025**, ("the Commencement Date") and shall terminate on **September 30, 2026** thereafter (the "Initial Term"), unless sooner terminated in accordance with the provisions of this Section. Either party may terminate this Agreement with cause (as defined below) or without cause upon thirty (30) day written notice to the other party." and

REPLACE WITH: "This Agreement is extended and shall begin on **October 1, 2026**, and will terminate on **September 30, 2027**, unless sooner terminated in accordance with the provisions of this Section. Either party may terminate this Agreement with cause (as defined below) or without cause upon thirty (30) day written notice to the other party."

2. Paragraph 7. Compensation shall be revised as follows:

DELETE: "Total sum paid not to exceed: **\$3,600,000.00**"; and

REPLACE WITH: "Total sum paid not to exceed **\$5,400,000.00**"

3. Schedules 2 and 3. **DELETE: Schedules 2 and 3 REPLACE WITH new Schedules 2 and 3 updated with the addition of Respiratory Therapist services. Schedule 2**

Minimum Licensing, Training, and Continuing Education Requirements

COTA (Certified Occupational Therapy Assistant)
Minimum Licensing: Licensed and registered COTA
Minimum Training: No additional training required

Minimum Continuing Education: Continuing education that the applicable state Education Department requires

(Occupational Therapist)

Minimum Licensing: Licensed and registered OT

Minimum Training: No additional training required

Minimum Continuing Education: Continuing education that the applicable state Education Department requires

PT (Physical Therapist)

Minimum Licensing: Licensed and registered PT

Minimum Training: Minimum Continuing Education: Continuing education that the applicable state Education Department requires

PTA (Physical Therapy Assistant)

Minimum Licensing: Licensed and registered PTA

Minimum Training: No additional training required

Minimum Continuing Education: Continuing education that the applicable state Education Department requires

SLP (Speech Language Pathologist)

Minimum Licensing: Licensed and registered SLP

Minimum Training: No additional training required

Minimum Continuing Education: Continuing education that the applicable state Education Department requires

Rehabilitation Director

Minimum Licensing: Licensed and registered PT, OT or SLP

Minimum Training: No additional training required

Minimum Continuing Education: Applicable continuing education as defined above based on discipline.

Respiratory Therapist

Minimum Licensing: Licensed and registered Respiratory Therapist

Minimum Training: No additional training required

Minimum Continuing Education: Continuing education that the state Education Department requires

Schedule 3

Rensselaer Manor Nursing Home		
<i>Monthly Management Fee: \$7,500.00</i>		
<i>Hourly Staffing</i>		
Discipline	Minimum Hourly Rate	Maximum Hourly Rate
Rehab Director	\$70.00	\$70.00
PT	\$66.00	\$66.00
PTA	\$46.00	\$46.00
OT	\$66.00	\$66.00
OTA	\$46.00	\$46.00
ST	\$72.00	\$72.00

Respiratory Therapist	\$72.00	\$72.00
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4. Except as expressly amended in this Amendment, the Agreement remains in full force and effect.

IN WITNES WHEREOF, this Amendment has been executed by the duly authorized officers of the respective Parties on the date stated above.

RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Grant, Loveridge, Weaver

Sent To: Social Services

Committee

Date October 13, 2026

Resolution No. G/4

RESOLUTION AUTHORIZING A REFUND OF OVERPAYMENT TO CHILDREN'S HEALTH HOME OF UPSTATE NEW YORK - MENTAL HEALTH

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, The Department of Mental Health ("Department") contracts with the Children's Health Home of Upstate New York ("CHHUNY") to provide Children's Health Home services to qualified children in Rensselaer County; and

WHEREAS, In November of 2025, CHHUNY was directed by the New York State Department of Health to complete a plan of care audit for compliance with the audit findings reflecting overpayment of Medicaid reimbursements from CHHUNY to the Department in the amount of \$33,209.75; and

WHEREAS, Therefore, the Department is required to process a refund to CHHUNY in the amount of \$33,209.75 for the overpayment; and

WHEREAS, The Department will utilize funds available within the 2026 Rensselaer County Adopted Budget via appropriation code A.4321.16208 to refund the overpayment; and

WHEREAS, CHHUNY, as the Medicaid provider of record, will disclose and remit payment to the New York State Office of the Medicaid Inspector General ("OMIG"); now, therefore, be it

RESOLVED, That the Department of Finance is authorized to issue a check to CHHUNY in the amount of \$33,209.75 to refund the overpayment.

Resolution ADOPTED by the following vote:

Ayes:

Nays:

Abstain:

October 13, 2026

Clerk of the Legislature

Sent to County Executive_____

Received from County Executive_____

Clerk of the Legislature

Executive Action

Approved_____ Date_____

Disapproved_____
Veto Message Attached and Returned to Clerk

County Executive



LEGISLATIVE FISCAL IMPACT STATEMENT

Type of Legislation: Local Law: _____ G Resolution: ☒ _____ P Resolution: _____

Title of Legislation: CHHUNY Refund of Overpayment

Requested by: Mental Health

Sponsor(s): _____

FISCAL IMPACT

- 1) Projected cost of proposed legislation, if any: \$ 33,209.75 current year
_____ ongoing expenses per year
- 2) Method of financing – note all that apply (federal funding, state funding, bonding, tax levy, etc.): NYS
 - a) For federal funding: amount \$ _____ and length of time federal funding is available _____. Is it available for ongoing expenses? Yes _____ or No _____
 - b) For state funding: amount \$ _____ and length of time state funding is available _____. Is it available for ongoing expenses? Yes _____ or No _____
 - c) If bonded, state amount of total indebtedness this legislation will create and projected interest cost over the course of borrowing:
Principal \$ _____
Total projected interest costs \$ _____
 - d) Tax levy impact for current year \$ 0 and ongoing \$ 0
 - e) Other (please explain) \$ 2026 Revenue
- 3) Is this expense or program mandated? Yes ☒ _____ No _____
- 4) Length of expense or project (one time only, ongoing, etc.): one time only
- 5) Justification for the appropriation/expenditure requested. Include any revenue this will produce or any expense that will be avoided: November 2025 NYSDOH audit of the Children's Health Home contracted by the Department, Children's Health Home of Upstate New York (CHUNNY), found Medicaid overpayments in the amount of \$33,209.75. Department is requesting approval to pay the refund to CHHUNY who will disclose and remit payment to the Office of the Medicaid Inspector General (OMIG). Refund will be made from the current year revenue.

Department Head

 _____

CHHUNY POC Audit- Summary & Overpayment sendsecure

Nicole Bryl <nbryl@childrenshealthhome.org>

9/2/2026 10:30:37 AM

To: kcoons@renscony.gov; ependergast@renscony.gov

Reply All

 Encrypt: This message is encrypted. Recipients can't remove encryption. CHHUNY PLAN OF CARE AUDIT SUMMARY.pdf   (RENSSELAER COUNTY) POC AUDIT CLAIMS DATA.csv   CHHUNY AUDIT NOTICE TO CMA- CMA LEV

Good Morning,

Please find your Care Management Agency's findings for the Plan of Care audit that CHHUNY was required to perform per the Department of Health. Your agency has identified overpayments that require immediate payment as part of an OMIG self-disclosure that CHHUNY will submit on behalf of the network. Please review the materials and confirm receipt and ability to remit payment within the timeframe specified. Please let me know if you have any questions. Thank you.

Please note, your agency does not have an identified Compliance Officer, CFO, or CEO listed in the contact database. We require that information for this notice, so please forward internally and update your contact listing with our help desk.

Nicole Bryl

Chief Executive Officer

Email: nbryl@childrenshealthhome.org

Office: 585-867-4833

Cell: 716-572-9858

www.childrenshealthhome.com**Children's Health Home
of Upstate New York**

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



Children's Health Home of Upstate New York

RE: Plan of Care Audit Findings and Required Response

CHHUNY's Plan of Care Policy requires care managers to obtain the member's or parent/legal guardian's signature on each Health Home plan of care. The signature documents agreement with the goals, objectives, and services in the plan and must be maintained in the member's Health Home record to support billing.

In November 2025, the New York State Department of Health (DOH) directed CHHUNY to audit plan of care compliance. Under the audit scope established with DOH, each care management agency (CMA) was asked to provide plan signature dates, contemporaneous service notes documenting agreement, and other evidence supporting the claims reviewed.

Based on the information your agency submitted, CHHUNY identified months of service that may constitute Medicaid overpayments because the record did not demonstrate the required member or parent/legal guardian agreement with the plan of care. Your agency's audit summary and the affected claims are attached. Pursuant to Section III. E. of the CHHUNY Care Management Agency Provider Agreement, the CMA shall promptly refund any overpayment it has received.

CHHUNY, as the Medicaid provider of record, will include these findings in a network-wide self-disclosure to the Office of the Medicaid Inspector General (OMIG). If your agency disagrees with any finding, you must submit a written dispute with supporting documentation within 10 calendar days of the date on the CMA level summary provided. The documentation must support billing for the specific month at issue, such as a signed plan of care or a contemporaneous service note documenting agreement. CHHUNY will consider only timely, adequately supported disputes. Any finding not successfully disputed will remain in the self-disclosure.

Any resolution between CHHUNY and the CMA regarding this audit does not bind the State, OMIG, or any other governmental agency, or limit their authority to review the matter or take further action in the future.

On behalf of CHHUNY, I appreciate your cooperation and understanding and look forward to continuing quality improvement initiatives within our network.

Thank you,

Nicole Bryl
Chief Executive Officer
nbryl@childrenshealthhome.org
O: 585-867-4833
C: 716-572-9858



Children's Health Home of Upstate New York

September 2, 2026

RE: Plan of Care Audit Findings and Required Response

CMA NAME: RENSSELAER COUNTY

Number of Plans Reviewed:	94
Number of Plans that are compliant with standards:	65
Number of Plans with contemporaneous documentation supporting completion:	8
Number of Plans not compliant with standards:	21
Total Overpayment Amount Due:	\$33,209.75

It is expected that CMAs will be able to pay back the amount identified above directly to CHHUNY who will disclose and remit payment to OMIG and/or the Medicaid Managed Care Plan for the claims identified on the attached spreadsheet.

If your CMA is unable to pay the amount in full within 14 days, please contact Nicole Bryl immediately at 585-867-4833 or nbryl@childrenshealthhome.org.

Please remit payment to:
CHHUNY, LLC
Attn: Nicole Bryl
2300 Buffalo Rd, Building 500B
Rochester, NY 14624

Please add "POC AUDIT" to the check memo line.

Thank you,

A handwritten signature in cursive script that reads "Nicole Bryl".

Nicole Bryl, CEO

RENSSELAER COUNTY LEGISLATURE

Introduced by Legislator(s) Grant, Loveridge, Weaver

Sent To: Social Services

Committee

Date October 13, 2026

Resolution No. G/13

**RESOLUTION AUTHORIZING THE ACCEPTANCE OF AN ALLOCATION FROM NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE AND AMENDING THE 2026
RENSSELAER COUNTY ADOPTED BUDGET – DEPARTMENT OF SOCIAL SERVICES**

WHEREAS, This Resolution is filed with the Rensselaer County Legislature by the Rensselaer County Executive; and

WHEREAS, The New York State Office of Temporary and Disability Assistance ("OTDA") established an initiative, The Family-Centered Case Management Services ("FCCMS"), for districts to hire additional staff to support the needs of families whose circumstances require a more intensive level of case management to stabilize their households and transition toward greater financial security; and

WHEREAS, The target population includes households with complex needs such as mental health conditions, developmental disabilities, substance use disorders, homelessness and/or those experiencing domestic violence; and

WHEREAS, Resolution G/465/25 authorized the acceptance of the Rensselaer County Department of Social Services ("Department") first FCCMS allocation; and

WHEREAS, An additional \$17.2 million was appropriated in the 2026-2027 New York State Budget for Local Social Services Districts to hire staff or retain those hired in the previous program year; and

WHEREAS, The Department received approval from OTDA and is eligible to receive \$329,345.81 for the program year beginning July 1, 2026 through June 30, 2027; now, therefore, be it

RESOLVED, That the Rensselaer County Executive, or his designee, is authorized to sign the above referenced award, together with any and all documents for such award, including any and all no cost extensions of such award, subject to the approval as to form by the Rensselaer County Attorney; and, be it further

RESOLVED, That the 2026 Rensselaer County Adopted Budget shall be and hereby is amended as follows:

GENERAL FUND REVENUES

<u>CODE/DESCRIPTION</u>	<u>PRESENT</u>	<u>CHANGE</u>	<u>REVISED</u>
Social Services Administration-SA			
A.6010.46101.FCCMS	\$ 320,544.00	\$ <u>329,345.00</u>	\$ 649,889.00

GENERAL FUND APPROPRIATIONS

<u>CODE/DESCRIPTION</u>	<u>PRESENT</u>	<u>CHANGE</u>	<u>REVISED</u>
Department of Social Services Administration-SA			
<u>Equipment</u>			
A.6010.02400 Other Equipment	\$ 71,962.00	\$ 2,439.00	\$ 74,401.00
Total Equipment...	\$ 71,962.00	\$ 2,439.00	\$ 74,401.00
<u>Contractual</u>			
A.6010.04010 Travel	\$ 147,352.00	\$ 13,311.00	\$ 160,663.00
A.6010.04500 Special Dept Supplies	\$ 13,440.00	\$ 3,000.00	\$ 16,440.00
A.6010.04749 Transportation Client	\$ <u>108,288.00</u>	\$ <u>6,825.00</u>	\$ <u>115,113.00</u>
Total Contractual...	\$ 269,080.00	\$ 23,136.00	\$ 292,216.00

Department of Social Services - General Services

Personnel Services

A.6012.01007			
Caseworker	\$ 2,026,925.00	\$ 139,305.00	\$ 2,166,230.00
Senior Caseworker	\$ <u>285,822.00</u>	\$ <u>76,991.00</u>	\$ <u>362,813.00</u>
	\$ 2,312,747.00	\$ 216,296.00	\$ 2,529,043.00

Fringe

A.6012.08001 State Retirement	\$ 840,471.00	\$ 30,000.00	\$ 870,471.00
A.6012.08002 Vision	\$ 4,528.00	\$ 250.00	\$ 4,778.00
A.6012.08003 Social Security	\$ 511,681.00	\$ 16,550.00	\$ 528,231.00
A.6012.08004 Workers Comp	\$ 11,131.00	\$ 350.00	\$ 11,481.00
A.6012.08005 Unemployment Insuranc	\$ 7,283.00	\$ 225.00	\$ 7,508.00
A.6012.08006 Medical Insurance	\$ 1,240,440.00	\$ 39,599.00	\$ 1,280,039.00
A.6012.08007 Dental	\$ <u>17,425.00</u>	\$ <u>500.00</u>	\$ <u>17,925.00</u>
	\$ 2,632,959.00	\$ 87,474.00	\$ 2,720,433.00

\$ 329,345.00

Resolution ADOPTED by the following vote:

Ayes:

Nays:

Abstain:

October 13, 2026

Clerk of the Legislature

Sent to County Executive_____

Received from County Executive_____

Clerk of the Legislature

Executive Action

Approved_____ Date_____

Disapproved_____

Veto Message Attached and Returned to Clerk

County Executive



LEGISLATIVE FISCAL IMPACT STATEMENT

Type of Legislation: Local Law: _____ G Resolution: X P Resolution: _____

Title of Legislation: RESOLUTION ACCEPTING AN ALLOCATION FROM NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE AND AMENDING THE 2026 ADOPTED RENNELLAER CC

Requested by: Department of Social Services

Sponsor(s): _____

FISCAL IMPACT

- 1) Projected cost of proposed legislation, if any: \$ 329,345 current year
\$ similar ongoing expenses per year
- 2) Method of financing – note all that apply (federal funding, state funding, bonding, tax levy, etc.): federal funding
 - a) For federal funding: amount \$ 329,345 and length of time federal funding is available _____. Is it available for ongoing expenses? Yes _____ or No _____
 - b) For state funding: amount \$ _____ and length of time state funding is available _____. Is it available for ongoing expenses? Yes _____ or No _____
 - c) If bonded, state amount of total indebtedness this legislation will create and projected interest cost over the course of borrowing:
Principal \$ _____
Total projected interest costs \$ _____
 - d) Tax levy impact for current year \$ 0 and ongoing \$ _____
 - e) Other (please explain) \$ _____
- 3) Is this expense or program mandated? Yes _____ No X
- 4) Length of expense or project (one time only, ongoing, etc.): anticipated to be ongoing
- 5) Justification for the appropriation/expenditure requested. Include any revenue this will produce or any expense that will be avoided: _____
The Department is experiencing a dramatic increase in the homeless population. Many singles and families present with obstacles that prevent them from achieving permanent housing. This initiative is helping to tackle the problem at the cause of the homelessness rather than simply finding temporary housing which is supposed to be short term but often times is not. Long term goal is to minimize the much higher cost of temporary housing for less expensive permanent housing.

Department Head

Michael P. McMahon



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

BARBARA C. GUINN
Commissioner

RAJNI CHAWLA
Executive Deputy Commissioner

August 17, 2026

Michael McMahon
Commissioner
Rensselaer County Department of Social Services
127 Bloomingrove Drive
Troy, NY 12180

Dear Commissioner McMahon:

I am pleased to inform you that Rensselaer County's Family-Centered Case Management Services (FCCMS) program plan has been approved effective August 17, 2026. Rensselaer County will receive \$329,345.81 for the period beginning July 1, 2026, through June 30, 2027.

The terms of the plan are approved with the understanding that amendments to the plan may be granted only with approval from the Office of Temporary and Disability Assistance (OTDA). A copy of the approved plan is enclosed with this letter.

If you have any questions or need additional information regarding the FCCMS initiative, please contact Kyle Miller at Kyle.Miller2@otda.ny.gov or (518) 473-1457.

Sincerely,

A handwritten signature in black ink that reads "Paula M. Cook".

Paula Cook
Deputy Commissioner
Employment and Income Support Programs

Enclosures

cc: Lisa Kelleher
Stephanie Boshart
Tara Wood
Stacey Nodelman
Melissa Alexander
Teah Cerina
Kyle Miller
Scott Ladd
Michael Kendall



Local Commissioners Memorandum

Section 1

Transmittal:	26-LCM-12
To:	Social Services District Commissioners
Issuing Division/Office:	Employment and Income Support Programs
Date:	June 24, 2026
Subject:	Allocations for SFY 2026-2027 Family-Centered Case Management Services
Contact Person(s):	Kyle Miller (Employment and Advancement Services): Kyle.Miller2@otda.ny.gov or (518) 473-1457
Attachments:	Attachment A – 2026-2027 FCCMS Allocations by District Attachment B – 2026-2027 FCCMS Program Plan Template Attachment C – 2026-2027 FCCMS Budget Outline Template

Section 2

I. Purpose

The New York State Fiscal Year 2026-2027 Budget appropriates \$17.2 million in Temporary Assistance for Needy Families (TANF) funds for social services districts (districts) to hire Family-Centered Case Management Services (FCCMS) staff or retain those hired during the previous FCCMS program year. The purpose of this Local Commissioners Memorandum (LCM) is to notify districts of their allocations, to provide guidance for use of this funding, and to request that each district submit an updated or new plan for administration of their FCCMS program to the Office of Temporary and Disability Assistance (OTDA) by no later than **Friday, August 7, 2026**. Each district is expected to ensure its use of these resources adheres to the guidelines established in this LCM, as expenditures deviating from these guidelines will not be reimbursed.

II. Background

FCCMS was established in 2024 for districts to hire additional staff to support the needs of families whose circumstances require a more intensive level of case management to stabilize their households and transition toward greater financial security. The target population includes households with complex needs such as mental and physical health conditions, developmental disabilities, substance use disorders, homelessness and/or those experiencing domestic violence.

III. Program Implications

District Allocations

A total of \$17.2 million has been made available in the enacted State Fiscal Year (SFY) 2026-27 budget to support FCCMS. This amount reflects the same level of funding as each of the past two State Fiscal Years. While funding is subject to legislative enactment each year, continuing support for FCCMS is expected.

The program year 2026-27 FCCMS allocations are listed per district in Attachment A. The funding allocation levels for each district were calculated based on caseload size and remain consistent with the amounts from prior program years, to ensure that districts may retain the same operations and staffing levels approved in their previous Program Plans. While the 2026-27 FCCMS budget provides the same base allocations for each district as the 2025-26 program year, OTDA understands that some districts who have fully claimed their allocations may need additional funding to support increased staff costs. Districts who are on track to claim their entire allocation for the 2025-26 program year and anticipate the need for additional funding for increased costs for current staff in the 2026-27 program year should submit a written request and justification along with their completed plan and budget no later than August 7, 2026. OTDA will consider and attempt to accommodate these requests if program funding is available.

Alternately, if a district is certain that they will not be submitting a plan proposal to utilize their FCCMS funding for 2026-27, they must send OTDA a written statement formally declining their allocation for the program by August 7, 2026.

Program Plans

To access the FCCMS funding for the 2026-27 program year, districts must submit a Program Plan (Attachment B) that provides an overview of their proposal for administering their FCCMS program, and a Budget Outline (Attachment C) breaking down how their allocation will be utilized, including estimates of any allocated overhead costs. This includes districts who have established an ongoing FCCMS program from previous program years. These districts are encouraged to review their previously approved plan and budget with consideration towards how their program needs might have changed or evolved. Districts have discretion to keep their FCCMS program design the same in the 2026-27 program year or to change any aspect of the plan as they see fit, if it still follows program guidelines and does not exceed the district's allocation amount plus any approved request for a staffing cost adjustment. For instance, districts who previously budgeted for costs more closely associated with implementation efforts could adjust their 2026-27 budgets to use more funds for programmatic expenses.

Districts are also permitted to claim as non-administrative expenses some non-recurring purchases for items and services provided directly to FCCMS participating families to meet emergency needs or help them attain housing or financial stability. Examples of these purchases include, but are not limited to, personal care items, toiletries and cleaning supplies; covering fees such as for housing applications, credit reports and to obtain identification; bus passes, cab fare and rideshares to attend FCCMS appointments; clothing for interviews; haircuts and head lice treatment; bedding and some furniture items; and baby items and children's needs such as strollers, car seats and pack-and-plays and

sleep sacks. The combined cost of all purchases provided directly to clients must not exceed 3% of the district's total budget for FCCMS and funding cannot be used for regular recurring expenses. Districts should provide justification for these items in their Budget Outline like any other non-salary expense and explain how they support FCCMS operations in their Program Plan.

Consideration should be given as to how to best use FCCMS staff to link participating households to existing resources and avoid duplication of effort. The Program Plan should state the overarching objective the district intends to achieve with this funding, break down the estimated distribution of funds by number of staff the plan supports, indicate the credential level/specializations of these staff (actual or prospective), identify the programs and services the staff would be involved in providing, and describe the target population the district plans to serve through its FCCMS initiative. Districts must identify their non-salary costs in the Program Plan, which should align with those costs in the baseline budget.

Districts must collaborate with the county mental hygiene department's Director of Community Services (DCS) in developing their FCCMS operations. The Program Plan must include documentation that services will be coordinated with Single Point of Access (SPOA) and Children's Single Point of Access (CSPOA) and not duplicate these resources. Districts must also coordinate with any existing Children's System of Care infrastructure with the county DCS. A list of DCS contacts for every county mental hygiene department can be found at https://www.clmhd.org/contact_local_mental_hygiene_departments/.

FCCMS Program Plans, Budget Outlines, allocation increase requests and district declinations must be submitted to Kyle Miller at Kyle.Miller2@otda.ny.gov no later than August 7, 2026. To expedite review, please consider highlighting changes from the prior year's plan.

Program Design

The FCCMS initiative provides funding intended to support credentialed or appropriately experienced staff in each district to provide a range of case management services for TANF-eligible families. Districts have flexibility in determining how their FCCMS staff would best be utilized to support local program and client population needs. Districts may have these staff support their general Family Assistance (FA) and/or Safety Net Assistance Maintenance of Effort (SNA-MOE) applicant and recipient populations (case types 11, 12, and those type 16 and 17 that are SNA-MOE [i.e., State charge code 63 or 64]). They could also choose to target the program toward a specific FA or TANF 200% eligible population for whom there is a marked need for additional resources, such as families experiencing homelessness. Activities recommended by OTDA for FCCMS staff include, but are not limited to:

- Providing assessments to determine whether individuals need specialized services to progress and potentially identifying unaddressed treatment, rehabilitation and support needs to guide employment planning;
- Assisting individuals with complex care needs in navigating State and federal benefits programs to ensure they receive all benefits to which they're entitled and do not fall out of program compliance;

- Connecting clients with behavioral health needs to SPOA and CSPOA. Where appropriate, helping clients through the process of applying for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) benefits and obtaining the necessary documentation;
- Working with district workers or local representatives in the New York State Office of Children and Family Services (OCFS) to help connect families to Preventive Services in situations where there is a risk of child welfare involvement. Preventive Services are supportive and rehabilitative services available to help families avoid the need for a child to be placed into foster care, or to reunite with children already in the foster system;
- Identifying client treatment, rehabilitation and support needs and linking them to the necessary providers while acting as liaison to ensure the treatment is appropriate and consistent with their goals for family stabilization and well-being. Monitoring individuals' ongoing progress and ensuring they receive supportive services to attend appointments when needed;
- When appropriate, providing direct support to assist individuals currently undergoing crisis situations, including crisis intervention and connection to local crisis services, same-day assistance navigating the process of applying to have immediate needs met, or peer navigation;
- Working with district workers to determine the types of activities and the number of hours to include in applicant/recipient employment plans and providing ongoing guidance in case decision-making and how to interact effectively with individuals;
- Training staff how to best identify and work with individuals and families with issues such as mental health, substance use, homelessness, and domestic violence. Coordinate with domestic violence liaisons and court advocates on appropriate case management for families impacted by domestic violence;
- Identifying and maintaining partnerships with other community-based treatment and supportive service providers to ensure a strong referral network is in place. Participating actively in any existing Children's System of Care infrastructure in collaboration with the local DCS. This is critical to ensuring that local funding and resources are coordinated and utilized for maximum benefit. It is important that staff hired through this initiative believe that recovery is possible and strive for seamless service provision and "warm handoffs" for the families served;
- Coaching households on locating and retaining housing, including building positive relationships with landlords and temporary housing providers; and
- Providing case management for unhoused families placed in hotels/motels where there is not a service provider present.

FA and SNA-MOE individuals and families determined to be in need of these services should be directed to the FCCMS staff through referrals by their initial case manager/district worker as outlined by the district's FCCMS Program Plan. Case managers/district workers should make the referrals whenever potentially complicated barrier issues are identified, or when a client/family is struggling to meet eligibility requirements, engage in their plan for

employability (for instance, if they are approaching program time limits or have a sanction or other non-compliance they don't appear to be attempting to resolve), or comply with the requirements of their Independent Living Plan (ILP) as required to remain in temporary housing.

Staff Recruitment

For districts whose 2026-27 Program Plans call for hiring new or additional FCCMS staff, OTDA strongly encourages contacting and partnering with local educational institutions that train Master's-level and other appropriately licensed clinical counselors. These institutions represent a strong recruitment source for case management staff positions, as well as potential partners for initiatives to expand the FCCMS program for the benefit of all parties, such as internships placing Master's program students with the districts. However, districts are not precluded from hiring staff who do not hold specific educational credentials if the individual(s) possess the appropriate work and/or lived experience as well as the knowledge, skills, and ability to do the job. For instance, some districts have hired a Peer Navigator/Advocate to work with their FCCMS families. Staff should be culturally competent and have training in trauma-informed practices.

Districts also have the option to staff and administer their FCCMS program through contracts with other agencies, service providers or local nonprofit organizations in lieu of hiring the staff in-house. This option has been helpful to smaller districts who experience administrative challenges going through the county-level hiring process, and several have successfully pivoted to launching an FCCMS program with a contractor after initially being unable to hire staff as county civil service employees.

Target Population/Eligibility

FA and/or SNA-MOE applicant and recipient populations (case types 11, 12, and those type 16 and 17 that are SNA-MOE), or a specific FA or TANF 200% eligible population for whom there is a marked need for additional resources are eligible to be served by the FCCMS staff supported through this funding. If a district chooses to utilize staff for FCCMS that are also assigned to programs other than FCCMS, their salaries must be cost-allocated appropriately. Consistent with TANF guidelines, OTDA has set a 15% spending limitation on administrative costs. It is expected that because the staff hired through this initiative are providing direct services, their salaries and most of the costs associated with the program will be considered non-administrative. However, OTDA acknowledges that some program expenses may fall under the definition of administrative costs. Non-administrative (program) costs and administrative costs are defined as follows:

- Non-administrative (program) costs are the direct salaries and fringe benefit costs of the staff providing direct services; providing program information to clients; developing employability plans, providing work activities and work subsidies for eligible program participants; providing post-employment services and work supports; and performing case management services. Non-salary costs of staff performing work activities that are considered programmatic are also allowable program costs. Non-salary costs may include, but not be limited to travel, training expenses, postage, utilities, rental costs, maintenance, supplies, and equipment. Contracts whose main purpose is to provide services defined as program costs as above are considered program as well.

- Administrative costs are the salaries, fringe benefits, and non-salary costs of staff performing activities related to eligibility determinations; preparing program plans, budgets, and schedules; monitoring programs and projects; performing procurement activities; providing public relations; performing accounting, legal, payroll and personnel activities; property management; and preparing reports and other documents.

Community of Practice and Reporting

In 2025, OTDA established a statewide Community of Practice intended for all districts' FCCMS staff and other stakeholders in the program. This Community hosts Quarterly discussion-driven meetings that are a space for the workers who are involved in day-to-day case management to share best practices, give updates on the progress of their district FCCMS initiatives, report what training/resources they might need from OTDA and other agencies, and discuss issues and case trends they encounter in their regions. To notify OTDA with the contact information to add any new staff to the Community of Practice, contact Kyle Miller at Kyle.Miller2@otda.ny.gov. All districts participating in FCCMS are strongly encouraged to have one or more designated staff represent them in the Community meetings.

Each district that operates an FCCMS program is also responsible for submitting an annual report to OTDA providing information on district progress in applying this funding towards their stated initiatives. This report contains information on the nature of the services provided by the staff hired under the program, the number of referrals made and households who received services and pertinent data on recipients' outcomes such as connections to services, sanctions resolved, housing located and retained, and entries to employment.

IV. Claiming

Districts must follow eligibility requirements for use of these funds as described in this LCM.

Expenditures for this project should be claimed through the RF17 special project claim package for the month(s) that the expenditures were made. 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" (Schedule D). After finally accepting the RF2A claim package, the individual project costs are then reported under the project label FAM CEN 2026 on the RF17.

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the LDSS-4975A "RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs" while overhead costs are automatically brought over from the RF2A, Schedule D and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time on this project must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense code(s) on page 1 of the LDSS-923B "Summary - Administrative Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs."

Program costs should be reported as object of expense code 37 - Special Project Program Expense on page 2 of the LDSS-923B "Summary - Program 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 and will be reimbursed up to the amount of each district's allocation.

To receive reimbursement, claims for expenditures of FAM CEN 2026 for the period July 1, 2026, through June 30, 2027, must be final accepted in the Automated Claiming System (ACS) by December 31, 2027.

Further instructions for completing time studies; the LDSS-923, LDSS-923B and Schedule D; and the RF17 claim package are found in Chapters 4, 7, and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available on-line at: <https://intranet.otda.ny.gov/bfdm/finance/>.

Claiming contacts:

Regions 1-5: Justin Gross: 518-474-7549 or otda.sm.field_ops.i-iv@otda.ny.gov

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