

12888

July 15, 2010

To: Honorable Board of Acquisition and Contract

From: Kevin M. Cheverko
Acting Commissioner of Correction

Re: Authority for the County of Westchester to enter into a Memorandum of Understanding with the New York State Department of Correctional Services and Mount Vernon Hospital for the admission and treatment of County inmates at Mount Vernon Hospital

As your Honorable Board is aware, the County of Westchester recently entered into an agreement with New York Correct Care Solutions Medical Services, P.C. ("NYCCS") for the provision of comprehensive health care services to the inmates and detainees at the County's Department of Correction. One of the services that NYCCS is required to provide is inpatient hospital services. NYCCS has entered into an agreement with Mount Vernon Hospital ("MVH") whereby MVH will be available to provide these services in the 14-bed secure prisoner unit (the "Secure Unit") that is maintained by the New York State Department of Correctional Services ("NYSDOC") at MVH for the medical care and treatment of State inmates. MVH provides medical treatment to inmates in the custody of NYSDOC while NYSDOC is responsible for security. The Secure Unit generally has available beds and pursuant to its agreement with MVH, NYCCS will be able to admit County inmate patients to the Secure Unit. NYCCS will be responsible for any cost incurred for treatment at MVH.

NYSDOC has requested, as a condition of County inmates receiving treatment at the Secure Unit, that the County execute a Memorandum of Understanding ("MOU") that will delineate the respective roles of the County, NYSDOC and MVH in this arrangement. Pursuant to the MOU, the County will be responsible for the custody and supervision of County inmates while admitted to the Secure Unit. NYSDOC and MVH shall not charge the County for medical services as these will be charged to NYCCS under their agreement with MVH.

The MOU shall continue for a term of one (1) year. It shall automatically renew each year, unless any party gives thirty (30) days written notice to the other parties prior to the anniversary date. This agreement may be terminated without cause by any party hereto at any time upon thirty (30) days written notice of the intention to terminate. This agreement will automatically be suspended in the event DOCS agreement with MVH is terminated or suspended.

The goal of this MOU is to provide inpatient inmate health care. The effectiveness of the MOU will be monitored Department of Correction staff.

Attached is an appropriate Resolution.

KMC/RPC/me

APPROVED BOARD OF ACQUISITION & CONTRACT - 7-29-2010 - JOMARY VIEIRA, SECRETARY

RESOLUTION

Upon a communication from the Acting Commissioner of Correction, be it hereby

RESOLVED, that the County of Westchester is authorized to enter into a Memorandum of Understanding (“MOU”) with the New York State Department of Correctional Services (“NYSDOC”) and Mount Vernon Hospital (“MVH”) for the admission and treatment of County inmates at MVH; and be it further

RESOLVED, that pursuant to the MOU, the County will be responsible for the custody and supervision of County inmates while admitted to MVH. NYSDOC and MVH shall not charge the County for medical services as these will be charged to the County’s provider of inmate healthcare, New York Correct Care Solutions Medical Services, P.C. under their agreement with MVH; and be it further

RESOLVED, that the MOU shall continue for a term of one (1) year. It shall automatically renew each year, unless any party gives thirty (30) days written notice to the other parties prior to the anniversary date. This agreement may be terminated without cause by any party hereto at any time upon thirty (30) days written notice of the intention to terminate. This agreement will automatically be suspended in the event DOCS agreement with MVH is terminated or suspended; and be it further

RESOLVED, that the County Executive or his duly authorized designee is hereby authorized to execute any documents and take any actions reasonably necessary and appropriate to effectuate the purposes of this Resolution.

Account to be Charged/credited	Fund	Agency	Capital Project Or Org	Object/ Sub Object	Trust Account	Activity	Dollars
	N/A						

Budget Funding Year(s) _____ Start Date 7/26/2010 End Date until terminated
(must match resolution)

Funding Source Tax Dollars _____ N/A _____
State Aid _____
Federal Aid _____
Other _____