

**18922**

DATE: May 2, 2011

TO: Board of Acquisition and Contract

FROM: Kevin M. Cheverko  
Commissioner, Department of Correction

RE: Resolution authorizing the County of Westchester ("County") to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") for a term commencing January 1, 2011 through December 31, 2013, whereby WCHCC will provide, through its Occupational Health Center, medical consulting services in an amount not to exceed Thirty Thousand (\$30,000.00) Dollars per year at the rates set forth in Schedules "A" and "B", for a total aggregate amount not to exceed Ninety Thousand (\$90,000.00) Dollars

As you are aware, Section 3307(4) of the New York Public Authorities Law requires the approval of the Board of Legislators and Board of Acquisition and Contract for agreements between the County and the WCHCC. On April 11, 2011, the Westchester County Board of Legislators adopted Act No. 2011-46, authorizing the County to enter into an agreement with WCHCC, whereby WCHCC will provide, through its Occupational Health Center, medical consulting services necessary for satisfactory implementation of the Uniform Attendance Standards of the Department of Correction, including, without limitation, reviewing the medical status of employees to determine fitness for duty.

The term of the agreement will be January 1, 2011 through December 31, 2013, with a County option to renew for two (2) additional one-year periods. The County will pay WCHCC a not to exceed amount of Thirty Thousand (\$30,000.00) Dollars per year at the rates set forth in Schedules "A" and "B", for a total aggregate amount not to exceed Ninety Thousand (\$90,000.00) Dollars. The rates to be paid by the County will be capped at a 4% increase over what the County paid for the same services in the previous year. Both parties will have the right to terminate the Agreement on thirty (30) days written notice to the other. The prior agreement between the parties for these very services expired on December 31, 2010.

The proposed agreement serves the public interest by better enforcement and control of the Department of Correction's Uniform Attendance Standards. The goals and objectives are to maximize correctional security and employee safety, and reduce overtime costs by utilizing an independent medical facility to review the medical status of Correction Officers to determine their fitness for duty. The program will be tracked and monitored by the Department.

A Resolution for your consideration is annexed hereto. I recommend your favorable consideration of the annexed proposed Resolution.

KMC/TSA/mn

APPROVED BOARD OF ACQUISITION & CONTRACT - 05/19/2011 - JOMARY VIEIRA, SECRETARY

## RESOLUTION

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

**RESOLVED**, that the County of Westchester, through its Department of Correction, is authorized to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC"), whereby WCHCC will provide, through its Occupational Health Center, medical consulting services necessary for satisfactory implementation of the Uniform Attendance Standards of the Department of Correction, including, without limitation, reviewing the medical status of employees to determine fitness for duty; and be it further

**RESOLVED**, that the term of the agreement shall commence January 1, 2011 through December 31, 2013, with a County option to renew for two (2) additional one-year periods. Both parties shall have the right to terminate the agreement on thirty (30) days written notice to the other; and be it further

**RESOLVED**, that the County shall pay WCHCC an amount not to exceed Thirty Thousand (\$30,000.00) Dollars per year at the rates set forth in Schedules "A" and "B", for a total aggregate amount not to exceed Ninety Thousand (\$90,000.00) Dollars. The rates to be paid by the County will be capped at a 4% increase over what the County paid for the same services in the previous year; and be it further

**RESOLVED**, that this Agreement is subject to County appropriations; and be it further

**RESOLVED**, that this Agreement is also subject to further financial analysis of the impact of any New York State Budget (the "State Budget") proposed and adopted during the term of this Agreement. The County shall retain the right, upon the occurrence of any release by the Governor of a proposed State Budget and/or the adoption of a State Budget or any amendments thereto, and for a reasonable period of time after such release(s) or adoption(s), to conduct an analysis of the impacts of any such State Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates approved herein. If the County subsequently offers to pay a reduced amount to the WCHCC, then the WCHCC shall have the right to terminate this Agreement upon reasonable prior written notice; and be it further

**RESOLVED**, that the County Executive or his authorized designee is authorized and empowered to execute and deliver all instruments and take all actions necessary or appropriate to effectuate the purposes hereof.

Account to be  
Charged/Credited

	Fund	Dept	Major Program, Program & Phase Or Unit	Object/ Sub- Object	Trust Account	Dollars
2011	101	35	1000	4380		\$30,000
2012	101	35	1000	4380		\$30,000
2013	101	35	1000	4380		\$30,000

Budget Funding Year(s) 2011-2013 Start Date 1/1/11 End Date 12/31/13  
(must match resolution)

Funding Source Tax Dollars \$90,000  
State Aid \_\_\_\_\_  
Federal Aid \_\_\_\_\_  
Other \_\_\_\_\_

\$ 90,000  
(must match resolution)

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**SCHEDULE "A"**



WESTCHESTER COUNTY DEPARTMENT OF CORRECTIONS  
NON WORK-RELATED INJURY/ILLNESS

Table below indicates 4% increase each year

	1/1/2011- 12/31/2-11	1/1/2012- 12/31/2012	1/1/2013- 12/31/2013	1/1/2014- 12/31/2014	1/1/2015- 12/31/2015
Minimal (10 – 20 Minutes)	\$77.86	\$80.97	\$84.21	\$87.59	\$91.09
Focused (20 -30 Minutes)	\$104.63	\$108.82	\$113.17	\$117.70	\$113.17
Expanded (30 – 45 Minutes)	\$164.26	\$170.83	\$177.66	\$182.37	\$177.66
Comprehensive (45 – 60 Minutes)	\$197.10	\$204.98	\$213.18	\$221.71	\$213.18
Complex (1 hr. – 1 hr. and 30 minutes)	\$262.80	\$273.31	\$213.18	\$295.61	\$284.24

**COST INCLUDES:**

- OFFICE VISIT
- MEDICAL REVIEW
- ASSESSMENT
- EVALUATION
- CONSULTATION(S) WITH INDIVIDUALS PMD (If indicated)
- COMPLETION OF *Medical Certification of Employee* (NON WORK RELATED)
- COURT APPEARANCES AND RELATED MEETINGS
- FORWARDING THE *Medical Certification of Employee* (NON-WORK RELATED) TO THE COMMISSIONER OF CORRECTION.

**SCHEDULE B**

**OCCUPATIONAL HEALTH CENTER -WESTCHESTER MEDICAL CENTER**

SCHEDULE OF SERVICES AND FEES – (REVISED May 15, 2009)

<b>SERVICE</b>	<b>COST</b>	<b>CODE</b>	<b>Check Services</b>
PHYSICAL EXAM & HISTORY	\$100.00	PE 1	
DOT EXAMINATION AND HISTORY	\$115.00	PE-2	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED	\$150.00	PE-3	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED, ALSO, HBsAb, HBsAg, RUBELLA, VARICELLA, MUMPS, RUBEOLA TITERS, PPD, PLACEMENT/INTERPRETATION, LAB REVIEW AND REFERRAL AS INDICATED	\$310.00	PE-4	
PRE-PLACEMENT ASSESSMENT DAY 2 ( <b>HOSPITAL</b> )		PE - H	
PRE-PLACEMENT ASSESSMENT DAY 2 ( <b>CORPORATE</b> )		PE - C	
ANNUAL HEALTH ASSESSMENT: CBC, SMAC, UA (DIPSTICK), PPD PLACEMENT/INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$100.00	AA-1	
ANNUAL HEALTH ASSESSMENT: PPD, PLACEMENT/INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$75.00	AA-2	
ANNUAL HEALTH ASSESSMENT DAY 2 ( <b>HOSPITAL</b> )		AA - H	
ANNUAL HEALTH ASSESSMENT DAY 2 ( <b>CORPORATE</b> )		AA - C	
EXECUTIVE PHYSICAL/HISTORY AND HEALTH RISK APPRAISAL	\$350.00	PE-5	
ASBESTOS QUESTIONNAIRE PHYSICAL EXAM & HISTORY	\$125.00	PE-6	
PPD, PLACEMENT/INTERPRETATION	\$25.00	VA-1	
CHEST X-RAY PA & LATERAL B READER	\$300.00	FV-1	
CHEST X-RAY PA & LATERAL	\$100.00	FV-2	
HBV: HBsAg/HBsAb BEFORE SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$285.00	VA-2	
HBV: SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-3	
HBV: BOOSTER SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-4	
HBV: ONE INJECTION	\$ 65.00	VA-19	
AUDIOMETRIC HEARING TEST	\$50.00	FV-3	
AUDIOMETRIC HEARING TEST WITH PE OR AHA	\$35.00	FV-4	
VISION SCREEN	\$35.00	FV-5	
VISION SCREEN WITH PE OR AHA	\$30.00	FV-6	
PULMONARY FUNCTION TEST (SPIROMETRY)	\$50.00	FV-7	

FIT TESTING (RESPIRATORS)	\$25.00	FV-8	
REVIEW OF OSHA RESPIRATOR QUESTIONNAIRE	\$25.00	FV-9	
RABIES SERIES (3 VACCINES) PRE-EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$525.00	VA-5	
RABIES VACCINE BOOSTER: POST EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$210.00	VA-5	
SERUM LEAD	\$25.00	LA-1	
ZINC PROTOPORPHYRIN (ZPP)	\$35.00	LA-2	
URINE MERCURY (100 cc COLLECTED) WORKDAY	\$60.00	LA-3	
BLOOD MERCURY (ACUTE EXPOSURE)	\$125.00	LA-4	
HEAVY METALS (24 HR URINE)	\$325.00	LA-5	
RANDOM URINE HEAVY METALS	\$120.00		
ELECTROCARDIOGRAM	\$45.00	FV-9	
EKG STRESS TEST	\$210.00	FV-10	
RADIOLOGY OTHER	VARY	FV-11	
VACCINE ADMINISTRATION	\$10.00	VA-6	
INFLUENZA (FLU) VACCINE	\$25.00	VA-7	
IMMUNE GLOBULIN VACCINE	\$155.00	VA-8	
MENINGOCOCCAL VACCINE	\$90.00	VA-9	
MMR VACCINE	\$65.00	VA-10	
MUMPS VACCINE	\$35.00	VA-11	
PNEUMOCOCCAL VACCINE	\$35.00	VA-12	
RUBELLA VACCINE	\$23.00	VA-13	
RUBEOLA (PER INJECTION)	\$25.00	VA-14	
TETANUS DIPHTHERIA	\$25.00	VA-15	
HEPATITIS A (PER INJECTION)	\$125.00	VA-16	
VARICELLA (CHICKEN POX) (PER INJECTION)	\$125.00	VA-17	
HEPATITIS IMMUNE GLOBULIN (PER INJECTION)	\$376.00	VA-18	
BBFEXP-1 NELFANIVIR + LAMIV + ZIDOV (PER DAY)	\$37.84	BE-1	
BBFEXP-2 TENOFOVIR + LAMIV + ZIDOV (PER DAY)	\$29.56	BE-2	
BBFEXP-3 TENOFOVIR + COMBIVIER (PER DAY)	\$29.72	BE-3	
<b>-OVER-</b> WORKER COMPENSATION: IF NOT COVERED BY CARRIER EMPLOYER RESPONSIBLE	CHARGES VARY	WC	
<b>SERVICE</b>	<b>COST</b>	<b>CODE</b>	
VENIPUNCTURE/COLLECTION ONLY	\$20.00	LA-6	
SMAC 20	\$30.00	LA-7	
CBC	\$15.00	LA-8	
LIPID PROFILE (LDL, HDL, CHOL.)	\$52.00	LA-9	
SMAC with LIPID PROFILE (LDL, HDL, CHOL.)	\$60.00	LA-10	
HBsAb Titre	\$30.00	LA-11	
HBsAg Titre	\$27.00	LA-12	

HBeAg Titre	\$48.00	LA-37	
HBeAb Titre	\$48.00	LA-38	
HCVAb Titre	\$ 70.00	LA-13	
HEMOCCULT (each)	\$ 5.00	LA-14	
PROSTATE SPECIFIC ANTIGEN (PSA)	\$ 40.00	LA-15	
RUBELLA (GERMAN MEASLES)	\$ 26.00	LA-16	
RUBEOLA (MEASLES)	\$ 26.00	LA-17	
VARICELLA (CHICKEN POX)	\$26.00	LA-18	
MUMPS	\$26.00	LA 39	
HEPATITIS A	\$40.00	LA- 40	
T3	\$ 26.00	LA-19	
T4	\$ 26.00	LA-20	
T3, T4, TSH	\$ 80.00	LA-21	
TRIGLYCERIDE	\$ 18.00	LA-22	
TSH	\$ 29.00	LA-23	
URINE DIPSTICK	\$ 10.00	LA-24	
URINALYSIS	\$ 15.00	LA-25	
URINALYSIS WITH MICROSCOPIC	\$ 18.00	LA-26	
URINE DRUG SCREEN (DOT –NON-DOT) 5 PANEL WITH MRO REVIEW	\$ 45.00	LA-27	
URINE DRUG SCREEN (DOT – NON-DOT) 10 PANEL WITH MRO REVIEW	\$ 65.00	LA-28	
URINE DRUG SCREEN (COLLECTION ONLY)	\$ 25.00	LA-29	
WHOLE BLOOD PERCHLORELHYLENE	\$103.00	LA-30	
VDRL	\$ 30.00	LA-32	
THROAT C & S	\$ 39.00	LA-33	
STOOL OVA & PARASITES	\$ 40.00	LA-34	
STOOL C & S	\$ 40.00	LA-35	
URINE C & S	\$ 39.00	LA-36	
OFF-DUTY EVALUATION	\$100.00	FV-12	
RETURN TO WORK EVALUATION	\$100.00	FV-13	
CHART REVIEW	\$50.00	FV-14	
DUPLICATING: COST PER SHEET	\$ 0.75	FC-1	
FORM COMPLETION (FC) INSURANCE COMPANIES	\$100.00	FC-2	
FC LAWYERS	\$100.00	FC-3	
FC COURT	\$100.00	FC-4	
FC SCHOOL	\$ 30.00	FC-5	
FC WORK	\$ 30.00	FC-6	
CHART OFFSITE STORAGE RETRIEVAL (PER CHART)	\$20.00	FC-7	
CHART STORAGE ONSITE (FOR INACTIVE EMPLOYEES) (PER CHART/PER YEAR)	\$ 1.00	FC-8	
FAXED FORMS: EMERGENCIES ONLY (ADDITIONAL CHARGE)	\$ 2.00	FC-9	
Minimal (10 – 20) minutes	\$66.56	PE-5	
Focused (20 – 30) minutes	\$89.44	PE-6	



Expanded (30 – 45) minutes	\$140.40	PE-7	
Comprehensive (45- 60) minutes	\$168.48	PE-8	
Complex (1 hr – 1 hr 30) minutes	\$224.64	PE-9	
OFFSITE SERVICES: \$75.00 per hour 7:30 am to 3 pm Monday through Friday	\$ 75.00/HR	PE-10	
OFFSITE SERVICES: \$125.00 per hour 3:01 pm to 7:29 am Monday through Friday.	\$125.00/HR	PE 11	

COMMENTS:

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NAME OF PROVIDER (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

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