

24381

DATE: January 19, 2012

TO: Board of Acquisition and Contract

FROM: Sherlita Amler, MD
Commissioner of Health

RE: Authorization to enter into Contract with Amber Wilson to provide Community Health Advocate services for the term 02/01/12 through 09/30/12, pursuant to an approved budget, for a total amount not-to-exceed \$26,180, to be paid in accordance with the stated contract hourly rate

The Westchester County Department of Health (“WCDH”) seeks authorization to enter into contract with Amber Wilson to provide Community Health Advocate services for the term 02/01/12 through 09/30/12, pursuant to an approved budget, for a total amount not-to-exceed \$26,180, to be paid in accordance with the stated contract hourly rate.

This contract is fully grant funded by the Community Service Society of New York’s (“CSSNY”) Community Health Advocates (“CHA”) Program through which the WCDH has received funding. The CHA grant has been designed to pilot consumer assistance approaches to provide education and assistance to local communities on health insurance coverage and health care access.

Even though this contract would be exempt under Section 3 (a) viii of the Westchester County Procurement Policy, as medical and health related services, the WCDH interviewed several prospective candidates for this work. Ms. Wilson was selected based on her skills and experience and her ties to local community based outreach organizations. The use of an individual consultant allows for a dynamic, “fast response” outreach, assistance and education strategy for this short term, time-limited program.

This contract will promote the public health and general welfare of County residents through direct community outreach to underserved uninsured populations regarding available health insurance coverage options and services.

The goal is to help County residents access health insurance coverage and care through forty-five (45) individualized counseling sessions (cases) per month, distribution of educational materials, four (4) community presentations on health insurance and care each quarter, and advice and assistance with the eligibility, enrollment, benefits, appeals and grievance processes. This mission will complement the activities of the NYSDOH community-based Facilitated Enrollment Program which the WCDH also successfully administers.

The WCDH will monitor the consultant’s performance on a monthly basis through the number of individual cases handled, the number of community presentations and their impact in generating inquiries and referrals for health insurance coverage.

I certify that my department, a) has copies of, or access to, all applicable laws, rules, regulations, grant applications and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the “Grant Terms”), b) has reviewed the Grant Terms, c) is aware of and understands all of the Grant Terms, and d) can and will comply with all of the Grant Terms.

I certify that this proposed contract will comply with the terms and conditions of the CHA Program grant.

Approval of the attached resolution is respectfully requested.

RESOLUTION

UPON A COMMUNICATION FROM THE COMMISSIONER OF HEALTH, BE IT HEREBY

RESOLVED, that the County of Westchester, acting by and through its Department of Health ("WCDH"), is authorized to enter into contract with Amber Wilson to provide Community Health Advocate services for the term 02/01/12 through 09/30/12, pursuant to an approved budget, for a total amount not-to-exceed \$26,180, to be paid in accordance with the stated contract hourly rate; and, be it further

RESOLVED, that the County Executive or his duly authorized designee be and hereby is authorized and empowered to execute all appropriate contracts or documents necessary to effectuate the purposes of this Resolution in the manner prescribed by law.

Department of Health
 County of Westchester
 145 Huguenot Street, 8th Floor
 New Rochelle, New York 10801
 January 19, 2012

Original Agreement	\$
First Amendment	\$
This Amendment	\$
TOTAL	\$ _____

Agreement #

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	263	27	080L	4380	T080	\$26,180
Budget Funding Year(s) (must match resolution) <u>2012</u> Start Date <u>02/01/12</u> End Date <u>09/30/12</u>						
Funding Source	Tax Dollars		_____			
	State Aid		_____			
\$26,180	Federal Aid		_____			
(must match resolution)	Other		<u>NYSDOH-CSSNY pass thru</u>			