

64329

DATE: July 19, 2018

TO: Board of Acquisition and Contract

FROM: Sherlita Amler, M.D.
Commissioner of Health

RE: Authorization to Enter into an Agreement with Westchester Care at Home, Inc., to provide home health aides and certified and/or licensed physical, occupational, speech language therapists, medical social workers, nutritional support services and durable medical equipment as needed, to patients served by the Westchester County Department of Health's certified Home Health Agency program, for the term September 15, 2018 through September 14, 2020, in the not-to-exceed amount of \$10,000 payable at the rates as indicated in Attachment "A"

The County of Westchester ("County"), acting by and through its Department of Health (the "WCDH"), seeks authorization to enter into an agreement with Westchester Care at Home, Inc., to provide home health aides and certified and/or licensed physical, occupational, speech language therapists, medical social workers, nutritional support services and durable medical equipment as needed, to patients served by the WCDH's certified Home Health Agency program ("CHHA"), for the term September 15, 2018 through September 14, 2020, in the not-to-exceed amount of \$10,000 payable at the rates as indicated in Attachment "A".

The WCDH, under its CHHA, has provided home health aides, skilled nursing, rehabilitation services such as physical, occupational, speech language therapy, medical social work, nutritional support services and durable medical equipment, as needed, to medically eligible homebound residents of Westchester County.

Under NYSDOH's Article 36, certified Home Health Agency regulation, the WCDH must provide either directly or through a contract the above named services to all of its CHHA patients.

Since the WCDH does not have the staff to provide these services, it must contract with an outside certified and or licensed Home Health Agency.

Westchester Care at Home, Inc. ("HHA") is such an agency and is willing to provide the required services at the agreed to stated rates. Pursuant to Section 3(a)viii of the Westchester County Procurement Policy, this contract is exempt from procurement as medical and/or health related services.

This contract would promote the public health, safety and general welfare of County residents by helping maternal patients and their infants/children and other patients served by the WCDH's CHHA to improve their overall health and well-being.

The goals and objectives of this contract would be to provide the necessary services to all patients served by the WCDH's CHHA to improve health outcomes.

This contract will be tracked and monitored by WCDH Supervising Public Health Nurse's review of the patient Daily Activity Reports, Care Plans and invoices for services rendered to ensure all elements of the CHHA program are met.

Therefore, the WCDH is now requesting authorization to enter into an agreement with Westchester Care at Home, Inc., to provide home health aides and certified and/or licensed physical, occupational, speech language therapists, medical social workers, nutritional support services and durable medical equipment as needed, to patients served by the WCDH's certified Home Health Agency program ("CHHA"), for the term September 15, 2018 through September 14, 2020, in the not-to-exceed amount of \$10,000 payable at the rates as indicated in Attachment "A".

Your approval of the attached Resolution is respectfully requested.

SA/RR/dc

APPROVED BOARD OF ACQUISITION & CONTRACT - 08/16/2018 - LISA MRIJAJ, SECRETARY

RESOLUTION

UPON A COMMUNICATION FROM THE COMMISSIONER OF HEALTH, be it hereby

RESOLVED, that the County of Westchester ("County"), acting by and through its Department of Health ("WCDH"), is authorized to enter into an agreement with Westchester Care at Home, Inc., to provide home health aides and certified and/or licensed physical, occupational, speech language therapists, medical social workers, nutritional support services and durable medical equipment as needed, to patients served by the WCDH's certified Home Health Agency program ("CHHA"), for the term September 15, 2018 through September 14, 2020, in the not-to-exceed amount of \$10,000 payable at the rates as indicated in Attachment "A"; 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 Contractor, then the Contractor shall have the right to terminate this agreement upon reasonable prior written notice; 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
 10 County Center Road, 2nd Floor
 White Plains, New York 10607

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

Account to be Charged/Credited	Fund	Dept	Major Program, Program & Phase or Unit	Object/ Sub-Object	Trust Account	Dollars
	101	27	0010-HSSS	4380		\$1,458 (2018)
	101	27	0010-HSSS	4380		\$5,000 (2019)
	101	27	0010-HSSS	4380		\$ 3,542 (2020)

Budget Funding Year(s) (must match resolution)	<u>2018 - 2020</u>	Start Date	<u>09/15/2018</u>	End Date	<u>09/14/2020</u>
Funding Source	Tax Dollars	<u>\$ 6,400</u>			
	State Aid	<u>\$ 3,600</u>			
\$10,000 (must match resolution)	Federal Aid	_____			
	Other	_____			

Attachment "A"

Home Health Aide:	\$30 per hour
Occupational Therapist:	\$165 per visit
Physical Therapist:	\$165 per visit
Speech/Language Pathologist:	\$165 per visit
Medical/Social Worker:	\$175 per visit
Nutrition Support:	\$165 per visit

durable medical equipment: Billed at Cost depending on supplies/equipment provided

APPROVED BOARD OF ACQUISITION & CONTRACT - 08/16/2018 LISA MRIJAJ, SECRETARY