

22269

DATE: October 11, 2011

TO: Board of Acquisition and Contract

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

RE: Authorization for the County of Westchester to amend a Resolution approved on April 1, 2010 for Agreements with Early Intervention and Related Services Providers Pursuant to Article 25, Title II-A of the New York State Public Health Law and Section 4410, Part 200 of the New York State Education Law, in order to add one New Provider, Sunshine RN, PT, OT, SLP and Psychology, PLLC

On April 1, 2010, your Board approved a resolution (the "April 1st Resolution") authorizing the County to enter into Agreements (the "Agreements") with approved and licensed Early Intervention and Related Services Providers, for the period July 1, 2010 through June 30, 2015, with each provider to be reimbursed at rates established and approved by the New York State Department of Health and New York State Education Department ("NYSED") respectively.

Accordingly, authorization is hereby respectfully requested to amend the April 1st Resolution by adding one newly approved and licensed provider, Sunshine RN, PT, OT, SLP and Psychology, PLLC, effective September 23, 2011. This provider will be subject to the same terms and conditions of the April 1st Resolution, and will ensure continuity of early intervention services to children with special needs ages birth to two years of age that were previously served by St. Mary's Rehabilitation Center for Children. St. Mary's has since ceased operations.

These agreements will promote the public health, safety and welfare of Westchester County's children with special needs by enabling their daily participation in special needs programs and other community settings that typically developing children attend. On an annual basis, approximately 10,000 children are served by the Early Intervention and Related Services programs.

The goals and objectives of these programs are to:

- Provide appropriate services to children from birth to five years of age with developmental disabilities and/or delays in accordance with their approved Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP).
- Provide these services in the child's natural environment and least restrictive setting.

Providers will be monitored, as per their contract requirements and the Health Department's performance measurement indicators, for the provision of services through program site visits and review of their clinical session and progress reports, and accuracy of billing by monthly reviews of submitted documentation.

All other terms and conditions of the April 1st Resolution shall remain the same. Your approval of the attached Resolution is respectfully requested.

MY/dc
Attachment

RESOLUTION

Upon a communication from the Commissioner of the Department of Health, be it hereby

RESOLVED, that the Resolution approved by this Honorable Board on April 1, 2010 (the "April 1st, 2010 Resolution") which authorized the County to enter into agreements with approved and licensed Early Intervention and Related Services Providers pursuant to Article 25, Title II-A of the New York State Public Health Law and Part 200 of the New York State Education Law, be hereby amended in order to add one newly approved and licensed provider, Sunshine RN, PT, OT, SLP and Psychology, PLLC effective September 23, 2011, to the list of providers subject to the same terms and conditions as stated in the April 1st, 2010 Resolution; and, be it further

RESOLVED, that all other terms and conditions of the April 1st, 2010 Resolution shall remain the same; and, be it further

RESOLVED, that the County Executive or his duly authorized designee be and hereby is authorized and empowered to execute and deliver all instruments and to take all actions necessary or appropriate to accomplish the purpose of this resolution.

Department of Health
 County of Westchester
 145 Huguenot Street, 8th Floor
 New Rochelle, NY 10801
 October 11, 2011

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
	N/A					
Budget Funding Year(s) (must match resolution) _____ Start Date _____ End Date _____						
Funding Source (must match resolution)						
	Tax Dollars					
	State Aid					
	Federal Aid					
	Other					