

**30070**

**DATE:** October 23, 2012

**TO:** Board of Acquisition and Contract

**FROM:** Sherlita Amler, MD  
Commissioner of Health

**RE:** Authorization to enter into Contract to accept continued Grant Funding from the New York State Department of Health for Community-Based Facilitated Enrollment into Child Health Plus, Family Health Plus and Medicaid Insurance Programs, for the contract period 01/01/13 – 12/31/13 to be paid pursuant to an approved budget, in a not-to-exceed amount of \$330,000

The Westchester County Department of Health ("WCDH") seeks authorization to enter into contract to accept continued funding from the New York State Department of Health ("NYSDOH") for the Community-Based Facilitated Enrollment Grant, for the contract period 01/01/13 through 12/31/13, to be paid pursuant to an approved budget, in a not-to-exceed amount of \$330,000.

This program will promote the public health and general welfare of County residents by providing access to NYS's insurance programs, including Child Health Plus, Family Health Plus and Medicaid insurance. This initiative was designed to reduce the number of uninsured children and adults in Westchester County.

The goal of the Facilitated Enrollment Program ("FE") is to promote access to government sponsored health insurance programs (Child Health Plus, Family Health Plus and Medicaid) by providing assistance to Westchester residents in applying and accessing health insurance coverage. As the lead agency with the NYSDOH, WCDH monitors the number and accuracy of applications submitted by facilitated enrollment staff on a monthly basis. The FE program's deliverables are evaluated using the required NYS Health Commerce System (HCS) Provider Network, which transmits and tracks application and enrollment data electronically.

It is anticipated the FE Program will complete and process approximately 2,200 applications representing about 3,300 children and adults between January 1, 2013 and December 31, 2013.

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.

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, is authorized to enter into contract to accept continued funding from the New York State Department of Health for the Community-Based Facilitated Enrollment Program Grant, for the contract period 1/01/13 through 12/31/13 to be paid pursuant to an approved budget, in the not-to-exceed amount of \$330,000; 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.

Agreement #

| Account to be Charged/Credited | Fund | Dept | Major Program, Program & Phase or Unit | Object/ Sub-Object | Trust Account | Dollars   |
|--------------------------------|------|------|--|--------------------|---------------|-----------|
|                                | 263  | 27   | 364N                                   | 9853               | T364          | \$165,000 |
|                                | 263  | 27   | 364N                                   | 9854               | T364          | \$165,000 |

Budget Funding Year(s) (must match resolution) 2013 Start Date 1/01/13 End Date 12/31/13

Funding Source

|                         |             |                  |
|-------------------------|-------------|------------------|
|                         | Tax Dollars |                  |
|                         | State Aid   |                  |
| <b>\$330,000</b>        | Federal Aid |                  |
| (must match resolution) | Other       | NYSDOH/PASS THRU |