

[48444]

DATE: September 11, 2015

TO: Board of Acquisition and Contract

FROM: Mark S. Herceg, Ph.D., Commissioner
Department of Community Mental Health

SUBJECT: Authority to enter into an agreement with the New York State Office for People With Developmental Disabilities, pursuant to which the County will agree to furnish Medicaid Service Coordination services and become the provider of record, for the purposes of the United States Department of Health and Human Services, for the individuals to whom it provides Medicaid Service Coordination services.

Authority is respectfully requested from your Honorable Board for the County of Westchester (the "County") to enter into an agreement (the "Agreement") with the New York State Office for People With Developmental Disabilities ("OPWDD"), pursuant to which the County will agree to furnish Medicaid Service Coordination ("MSC") services and become the provider of record, for the purposes of the United States Department of Health and Human Services, for the individuals to whom it provides Medicaid Service Coordination services, for a term commencing upon the effective date of OPWDD approval of the Agreement and continuing through August 31, 2020, at no cost to OPWDD, and otherwise on the terms attached hereto as Attachment "A".

Currently, the County provides MSC services to individuals based upon a contract between the County and OPWDD. By a letter dated September 4, 2015, OPWDD notified the Department of Community Mental Health that "OPWDD is working with the NYS Department of Health and the Centers for Medicare and Medicaid Services (CMS) to have the MSC agencies responsible for service delivery be the provider of record" instead of OPWDD. **In order to help facilitate this change, and in order for the County to "not experience any delays in billing", OPWDD is requiring the County to sign the Agreement by September 24, 2015.**

The proposed agreement will serve a public purpose by ensuring that the County can continue to timely bill and be paid for the MSC services it renders.

The goal and objective of the proposed agreement is to ensure that the County can continue to timely bill and be paid for the MSC services it renders.

The goals and objectives of the proposed agreement are in the best interests of the County in terms of fiscal responsibility, as ensuring that the County can continue to timely bill and be paid for the MSC services it renders will allow the County to timely receive all such payments to which it is entitled.

The goal and objective of the proposed agreement will be tracked and monitored by the staff of the Department of Community Mental Health.

I respectfully recommend approval of the attached proposed resolution.

MSH/TP/bdm/nn

APPROVED BOARD OF ACQUISITION & CONTRACT - 09/17/2015 - JOAN COCCIARDI, SECRETARY

RESOLUTION

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

RESOLVED, that the County of Westchester (the "County") is hereby authorized to enter into an agreement (the "Agreement") with the New York State Office for People With Developmental Disabilities ("OPWDD"), pursuant to which the County will agree to furnish Medicaid Service Coordination ("MSC") services and become the provider of record, for the purposes of the United States Department of Health and Human Services, for the individuals to whom it provides Medicaid Service Coordination services, for a term commencing upon the effective date of OPWDD approval of the Agreement and continuing through August 31, 2020, at no cost to OPWDD, and otherwise on the terms attached hereto as Attachment "A"; and be it further

RESOLVED, that the County Executive or his duly authorized designee is authorized to execute all instruments and to take any and all actions necessary to effectuate the purposes hereof.

Account to be Charged/Credited

| Fund | Dept | Major Program, Program & Phase Or Unit | Object/ Sub-Object | Trust Account | Activity | Dollars |
|------|------|--|--------------------|---------------|----------|---------|
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Budget Funding Year(s): _____ Start Date: Upon the effective date of OPWDD approval of the Agreement
(must match resolution) End Date: 8/31/20

Funding Source _____ Tax Dollars: _____
State Aid: _____
Federal Aid: _____
Other: _____
N/A
(must match resolution)

ATTACHMENT "A"

Medicaid Service Coordination Provider Agreement Between the New York State Office for People With Developmental Disabilities and a Provider of Medicaid Service Coordination

This agreement is between the Office for People with Developmental Disabilities (OPWDD) and _____

(insert provider name)

referred to in this agreement as "the Provider"

Upon execution of this Agreement and approval by OPWDD the Provider is authorized to furnish Medicaid Service Coordination (MSC) services as specified in the attached MSC Provider Approval Form.

For the purpose of establishing eligibility for payment under Section 1915(g) of the Social Security Act, the Provider agrees to comply with applicable sections of Parts 624, 625, 633 and 635 of 14 NYCRR; with 42 CFR §431.107; with the Medicaid Service Coordination Vendor Manual dated May 2011 (revised February 20, 2014); with OPWDD Administrative Memoranda applicable to MSC, and with all revisions to such regulations, manual and memoranda.

The Provider also agrees to do the following:

- I. Keep any records necessary to disclose the type and extent of services the Provider furnishes to recipients, and on request furnish to the Department of Health (DOH), to OPWDD, or to the Secretary of the U.S. Department of Health and Human Services (DHHS), or to the State Medicaid Fraud Control Unit, information regarding these services and payments claimed by the Provider.
- II. Pursuant to 42 C.F.R. §455.105, disclose the following regarding business transactions within 35 days of the Provider's enrollment in Medicaid, upon request of DOH or the United States Secretary of Health and Human Services:
 1. Information about the ownership of any subcontractor with whom the Provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, and

2. Any significant business transactions between the Provider and any wholly owned supplier, or between the Provider and any subcontractor during the 5-year period ending on the date of the request.
- III. Abide by all applicable Federal and State laws; all applicable regulations of the federal Department of Health and Human Services, all applicable rules and regulations of DOH, OPWDD and any other New York State agencies particular to Medicaid Service Coordination, and official directives of DOH, including, but not limited to, 18 NYCRR Part 504, which can be found at the DOH website, www.health.state.ny.us.
- IV. Notify both DOH and OPWDD immediately of any changes to the information supplied in the Provider's application for Medicaid enrollment, including impending ownership changes.
- V. Report all revenues and expenses associated with the provision of the Medicaid Service Coordination using the forms and procedures established in the New York State Department of Mental Hygiene Consolidated Fiscal Reporting Manual.
- VI. Submit claims for Medicaid Service Coordination in accordance with instructions issued by DOH and OPWDD.
- VII. Submit claims for a period when the recipient is eligible for MSC in accordance with 14 NYCRR Subpart 635-5..
- VIII. Attend Fair Hearings and provide testimony regarding the recipient of Medicaid Service Coordination when requested by DOH, the Office of Temporary and Disability Assistance or OPWDD; and comply with such Fair Hearing decisions in accordance with 18 NYCRR 358-6.4.

Under sections 1128 and 1156 of the Social Security Act and 18 NYCRR 515.5, providers of Medicaid services may not employ or be affiliated with excluded persons and entities. The Centers for Medicare and Medicaid services (CMS) has specified that these provisions apply to all individuals with ownership or control interests in a provider entity, in particular Board of Director members and presidents. Under Federal regulations at 42 CFR, section 1002.3(a), providers entering into or renewing a Medicaid provider agreement, must disclose to the state Medicaid Agency (Department of Health) the identity of any excluded individual with an ownership or control interest in the provider entity.

Unannounced site visits by Medicaid, CMS or their agents/designated contractors, may be a condition of initial and continued enrollment in Medicaid. In addition, the Provider and/or owners (defined as at least five percent interest) may be required to consent to criminal background checks including fingerprinting).

The Provider also agrees that, in order to submit claims for services, the Provider must first enroll as a DOH Medicaid provider and receive a provider enrollment letter issued by the DOH. No claims for furnished services can be submitted for Medicaid reimbursement unless the Provider is first enrolled by DOH as a Medicaid Provider. OPWDD will send the Medicaid provider enrollment package.

As the Mandatory Compliance Law applies to the Provider (see www.OMIG.state.ny.us), the Provider represents that it has certified, via the Office of Medicaid Inspector General's website referenced above, that the Provider and its affiliates have adopted, implemented and maintain an effective compliance program that meets the requirements of Social Services Law §363-d and 18 NYCRR Part 521. A copy of the certification confirmation must be included in the Provider's enrollment in Medicaid.

OPWDD may cancel this Provider Agreement without cause upon at least 30 days written notice to the provider. Such notice shall be sent by certified mail, return receipt requested.

In the event that this Provider Agreement is cancelled with cause by OPWDD, a cancellation notice shall be provided. In the event that this Provider Agreement is terminated by the provider, a 30 day cancellation shall be provided. In all instances, the provider shall cooperate with OPWDD to develop an acceptable transition plan which ensures continuation of Medicaid Service Coordination to individuals it serves.

The term of this Provider Agreement shall begin on the effective date of the OPWDD approval of the Agreement. This Provider Agreement shall remain in effect until August 31, 2020.

Name of Provider (Please Print)

Authorized Signature

PLEASE PRINT NAME OF AUTHORIZED SIGNATURE

Address (Please Print)

Title

Agency phone number

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