

65135

TO: Board of Acquisition and Contract

FROM: Sherlita Amler, MD
Commissioner of Health

DATE: September 19, 2018

RE: Authorization to Amend a Resolution approved on March 5, 2015, as amended, which authorized the County of Westchester (“County”) to enter into Agreements with approved Related Services Providers, Pursuant to Section 4410, Part 200 of the New York State Education Law, in order to add two additional approved Related Services Providers, Mount Vernon Neighborhood Health Center, Inc. and Piedad Valderrama, effective January 1, 2019

On March 5, 2015, your Honorable Board approved a Resolution (the “March 5, 2015 Resolution”), which authorized the County to enter into Agreements (the “Agreements”) with approved Related Services Providers pursuant to Section 4410, Part 200 of the New York State Education Law, for the period July 1, 2015 through June 30, 2020, in the total aggregate amount not to exceed \$79,619,892 subject to annual County appropriations, with each provider to be reimbursed at rates established and approved by the New York State Education Department (“NYSED”).

On May 21, 2015, the March 5, 2015 Resolution was amended to add two approved Related Services Providers, Colleen Pecylak and Complete Occupational Therapy, Physical Therapy and Speech Language Pathology Services, PLLC, subject to the same terms and conditions of the March 5, 2015 Resolution.

On August 12, 2015, the March 5, 2015 Resolution was amended to add additional approved Related Services Providers: Patricia Spargo, effective 07/01/15; Ivy Tilson Inc., ACDS Inc. and Alternative Care Systems, Inc., d/b/a Access Nursing Services, effective 09/01/15, subject to the same terms and conditions of the March 5, 2015 Resolution.

On May 26, 2016, the March 5, 2015 Resolution was amended to add one additional approved Related Services Provider, Kings Education Services, O.T., R.P.N., P.T., S.L.P., PLLC, effective 07/01/16, subject to the same terms and conditions of the March 5, 2015 Resolution.

On July 14, 2016, the March 5, 2015 Resolution was amended to add two additional approved Related Services Providers: Anne M. Dunne and Rye Therapies of OT, PT & SLP, PLLC, effective 09/01/16, subject to the same terms and conditions of the March 5, 2015 Resolution. The Agreement with Anne M. Dunne has been executed.

On August 25, 2016, the March 5, 2015 Resolution was amended to add one additional approved Related Services Provider: Westchester OT/ PT, PLLC, effective 10/01/16, subject to the same terms and conditions of the March 5, 2015 Resolution.

On November 10, 2016, the March 5, 2015 Resolution was amended to add three additional approved Related Services Providers: Kristen H. Bellom, Play And Grow Physical Therapy and Speech Language Pathology PLLC and Sprout Therapy Group - Physical Therapy, Occupational Therapy, Speech and Language Pathology, LLC, effective 12/01/16, subject to the same terms and conditions of the March 5, 2015 Resolution.

On December 29, 2016, the March 5, 2015 Resolution was amended to add three additional approved Related Services Providers: OT, PT, SLP and RN, PLLC, Healing Therapeutics Physical Therapy, PLLC and Professional Placement Resources, LLC, effective 02/01/17, subject to the same terms and conditions of the March 5, 2015 Resolution.

By a Resolution approved on August 10, 2017, your Honorable Board authorized the Westchester County Department of Health to amend an existing executed agreement for the limited purpose of changing the name from Anne M. Dunne to Acorn Therapy of New York, Inc. effective 10/01/2017. This amendment has been executed.

On September 28, 2017, the March 5, 2015 Resolution was amended to add two additional approved Related Services Providers: Westchester-Putnam TheraTeam, LLC and K.D. Speech Pathology, P.C., effective 11/01/17, subject to the same terms and conditions of the March 5, 2015 Resolution. These agreements have been executed.

On November 30, 2017, the March 5, 2015 Resolution was amended to add three additional approved Related Services Providers: Barbarann Gabrielsen, Smile A While Occupational Therapy Services PLLC and AlliedMedix Resources Inc., effective 01/01/18, subject to the same terms and conditions of the March 5, 2015 Resolution. Only one agreement has been executed.

By a Resolution approved on January 11, 2018, your Honorable Board authorized the Westchester County Department of Health to amend an existing executed agreement with Center for Autism and Related Disorders, Inc. for the limited purpose of changing the name to Center for Autism and Related Disorders, LLC to reflect the change in the business entity structure effective 01/01/2018. This amendment has been executed.

Accordingly, authorization is hereby respectfully requested that the March 5, 2015 Resolution be further amended by adding two additional approved Related Services Providers, Mount Vernon Neighborhood Health Center, Inc. and Piedad Valderrama effective January 1, 2019, to the list, in order to enter into agreements with these providers subject to the same terms and conditions of the March 5, 2015 Resolution as amended.

These providers will serve a continued unfilled need for speech, language, occupational and physical therapy services for preschool children with special needs in the towns/areas and their associated school districts of Westchester County that currently lack adequate provider capacity to meet the mandated Individualized Education Plan requirements.

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 4,000 children are served by the Related Services programs.

The goals and objectives of these programs are to:

- Provide appropriate services to children from three to five years of age with developmental disabilities and/or delays in accordance with their approved Individualized Education Plan (IEP).
- Provide these services in the student's 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.

Except as otherwise stated herein, all other terms and conditions of the March 5, 2015 Resolution as amended shall remain the same.

An appropriate resolution has been attached herewith for your Board's consideration and approval.

SA/MY/dc
Attachments

APPROVED BOARD OF ACQUISITION & CONTRACT - 10/18/2018 LISA MRIJAS SECRETARY

RESOLUTION

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

RESOLVED, that the Resolution approved by this Honorable Board on March 5, 2015 (the "March 5, 2015 Resolution"), as amended, which authorized the County of Westchester to enter into agreements with approved Related Services providers, pursuant to Section 4410, Part 200 of the New York State Education Law, be hereby further amended in order to add two additional approved Related Services Providers, Mount Vernon Neighborhood Health Center, Inc. and Piedad Valderrama effective 01/01/19, to the list, in order to enter into agreement with these providers subject to the same terms and conditions of the March 5, 2015 Resolution as amended; and, be it further

RESOLVED, that except as otherwise stated herein, all other terms and conditions of the March 5, 2015 Resolution as amended 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 resolutions.

Department of Health
 County of Westchester
 10 County Center Road, 2nd Floor
 White Plains, New York 10607
 September 19, 2018

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