



AGENDA

Legislative Emergency Meeting for June 11, 2015 at 12:55PM

Call to Order

Pledge of Allegiance

Roll Call of Legislators

Reading of Meeting Notice:

There will be an Emergency Meeting of the Sullivan County Legislature for **Thursday, June 11, 2015 at 12:55PM** in the Legislative Chambers, 100 North Street, Monticello, New York. The purpose of the meeting is adopt resolutions to allow the **Sullivan County Adult Care Center and Public Health Services** to join in Delivery System Reform Incentive Payment (DSRIP) Program with two performing provider systems (PPS) Westchester Medical Center and Montefiore Medical Center.

Business in Order:

Resolutions:

- 1. Allow Sullivan County Adult Care Center to join in Delivery System Reform Incentive Payment (DSRIP) Program with two performing provider systems (PPS) Westchester Medical Center and Montefiore Medical Center.**
- 2. Allow Sullivan County Public Health Services to join in Delivery System Reform Incentive Payment (DSRIP) Program with two performing provider systems (PPS) Westchester Medical Center and Montefiore Medical Center**

Adjournment or Close

RESOLUTION NO. _____ INTRODUCED BY THE SCOTT B. SAMUELSON TO ALLOW THE SULLIVAN COUNTY ADULT CARE CENTER TO JOIN IN DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM WITH TWO PERFORMING PROVIDER SYSTEMS (PPS) WESTCHESTER MEDICAL CENTER AND MONTEFIORE MEDICAL CENTER.

WHEREAS, Westchester Medical Center and Montefiore Medical Center are receiving funding from New York State Department of Health (NYSDOH) through the Delivery System Reform Incentive Payments (DSRIP) and

WHEREAS, Program will promote community-level collaboration and focus on systems to reduce avoidable hospital use over the next 5 years by 25 percent and,

WHEREAS, Westchester Medical Center and Montefiore Medical Center wishes to collaborate with providers in the Hudson Valley to implement innovative projects focusing on system transformation, clinical improvement and population health improvement and,

WHEREAS, The NYS DOH will be re-investing \$8 billion into health care through the Medicaid Redesign Team and,

WHEREAS, Funds will be made available to providers through participation in the DSRIP Program.

NOW, THEREFORE, BE IT RESOLVED, that the County Legislature hereby authorizes the Sullivan County Adult Care Center to enter into a formal participation agreement with Westchester Medical Center and Montefiore Medical Center PPS.

Moved by _____ ,

Seconded by _____ ,

and adopted on motion _____ , 2015

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Shennoy Wellington

Re: Request for Consideration of a Resolution: DSRIP

Date: June 10th, 2015

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Authorize formal participation agreement with Westchester Medical Center
(Center for Regional Healthcare innovations) PPS 7 Skyline Drive, Suite 385,
Hawthorne NY 10532 and Montefiore Medical Center (Hudson Valley
Collaborative) PPS 180 East 210 Street, Bronx, NY 10467 to receive funding
through DSRIP.

Is subject of Resolution mandated? Explain:

No.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: 

Does Resolution request Authority to Enter into a Contract? Yes No ___

If "Yes", provide information requested on Pages 2 and 3.

Request for Authority to Enter into Contract with [_____ (See page 1) _____] of
[_____]

Nature of Other Party to Contract: Out Of County Vendor **Other:**

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Westchester Medical Center and Montefiore Medical Center were approved by Department of Health to be two of the Performing Provider System (PPS) lead for the Hudson Valley Region.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): _____

Efforts made to find Less Costly alternative:

No cost

Efforts made to share costs with another agency or governmental entity:

N/A

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A

Person(s) responsible for monitoring contract (Title): Administrator

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Anyson Sewis Date 6/10/15
- B. Management and Budget: Janet M. Lynn Date 6/10/15
- C. Law Department: S. Gasque Date 6/10/15
- D. County Manager: John Wilson Date 6/10/15
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To authorize participation in DSRIP

Date: June 10, 2015

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To authorize a participation agreement with Westchester Medical Center (Center for Regional Healthcare Innovations) PPS 7 Skyline Drive, Suite 385, Hawthorne NY 10532 and Montefiore Medical Center (Hudson Valley Collaborative) PPS 180 East 210 St., Bronx NY 10467 to receive funding through DSRIP.

Is subject of Resolution mandated? Explain:

No.

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: _____

Does Resolution request Authority to Enter into a Contract? Yes No ___

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Westchester Medical Center] of
[_____]

Nature of Other Party to Contract: Out Of County Vendor Other:

Duration of Contract: From _____ To _____

Is this a renewal of a prior Contract? Yes ___ No

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Westchester Medical Center and Montefiore Medical Center were approved by NYS Department of Health to be two of the Performing Provider System (PPS) lead for the Hudson Valley Region.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): No cost

Efforts made to find Less Costly alternative:

N/A No cost

Efforts made to share costs with another agency or governmental entity:

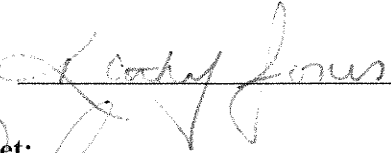
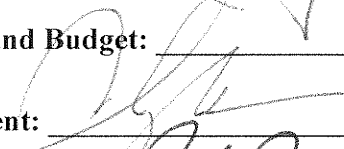
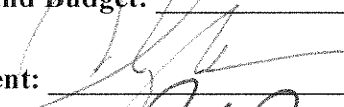
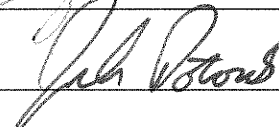
N/A No cost

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

N/A

Person(s) responsible for monitoring contract (Title): Nancy McGraw, Public Health Director

Pre-Legislative Approvals:

- A. Director of Purchasing:  Date 6.11.15
- B. Management and Budget:  Date _____
- C. Law Department:  Date 6.11.15
- D. County Manager:  Date 6/11/15
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO. _____ INTRODUCED BY SCOTT B. SAMUELSON TO ALLOW SULLIVAN COUNTY PUBLIC HEALTH SERVICES TO JOIN IN DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM WITH PERFORMING PROVIDER SYSTEMS WESTCHESTER MEDICAL CENTER AND MONTEFIORE MEDICAL CENTER.

WHEREAS, Westchester Medical Center (WMC) and the Center for Regional Healthcare Innovation, LLC (CRHI), a wholly owned subsidiary of WMC, are receiving funding from New York State Department of Health (“NYSDOH”) through the Delivery System Reform Incentive Payment Program (“DSRIP Program”), and

WHEREAS, the DSRIP Program will promote community-level collaboration and focus on systems to reduce avoidable hospital use over the next Five (5) years by twenty-five (25%) percent, and

WHEREAS, Westchester Medical Center and CRHI wish to collaborate with providers in the Hudson Valley to implement innovative projects focusing on system transformation, clinical improvement and population health improvement, and

WHEREAS, NYSDOH will be re-investing eight billion (\$8,000,000,000) dollars into health care through the Medicaid Redesign Team, and

WHEREAS, funding will be made available to providers through participation in the DSRIP Program.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manager to execute a participation agreement(s) with Westchester Medical Center and the Center for Regional Healthcare Innovation, LLC (“CRHI”), in order to allow Sullivan County Public Health Services to access DSRIP Program funding. Said agreement to be in a form approved by the County Attorney’s Office.

Moved by _____ ,

Seconded by _____ ,

and adopted on motion _____ , 2015