

# SOCIAL SERVICES COMMITTEE

## AGENDA

Thursday, August 23, 2012

9:30 am

1. **Committee Meeting called to order by Chairman.**
2. **Motion to approve minutes of prior Committee meeting.**
3. **ANNOUNCEMENTS**
  - A. **DSS Team Leader and Team Players for the month of May**
    1. Doris Gonnely, Principal Account Clerk – Accounting
    2. Andrea Corbin, CPS Case Worker
4. **SOCIAL SERVICES COMMITTEE DSS PROGRAM INFORMATION AND EDUCATION**
  - A. **Medicaid State Take Over Statement of Interest and Mandatory Managed Care**
    1. Jamie Brochu, Principal Social Welfare Examiner, Community Medicaid and Medicaid Managed Care
    2. Karen Whitted, Principal Social Welfare Examiner, Medicaid Chronic Care
5. **ACTION ITEMS**
  - A. **REQUEST PERMISSION**

For Chairman Daniel G. Stec to sign the “**Supervision and Treatment Services for Juveniles Program Annual Plan**” (see attached)

    - 1 Steve Bayle, Supervisor of Juvenile Probation
    2. Maureen Schmidt, Acting Deputy Commissioner DSS
  - B. **REQUEST PERMISSION**

For Chairman Daniel G. Stec to submit the State Medicaid Take Over “**Statement of Interest**” for Warren County to the NY State Department of Health.

(see attached for discussion Statement of Interest Questions, Maximus Information, MRT time line and Medicaid Expenditure Information)

## C. POSITIONS

**1. Request:** To **Abolish an Account Clerk Position** in the Child Support Collection Unit.

**Rationale:** This position is not needed in the unit. A position of key board specialist would fulfill the needs of the unit which is less costly to the county. The funds are in the DSS budget.

**2. Request:** To **Create** the position of **Key Board Specialist** in the Child Support Collection Unit.

**Rationale:** The position is needed to satisfactorily fulfill the mandates and guidelines of the Child Support Collection Unit..

**3. Request:** To **Fill** the vacant position of Key Board Specialist in the Child Support collection Unit

**Rationale:** This position is needed to satisfactorily meet the mandates of the Child Support guidelines. It is 75% federally reimbursed. Please see attached additional information.

**4. Request:** To **Fill** the vacant position of **Social Welfare Examiner in the Chronic Care Medicaid Unit** due to a resignation.

**Rationale:** This position is needed in order to fulfill the required mandates and guidelines of the Medicaid Unit. It is 100% reimbursable. Please see attached additional information.

## D. REQUEST FOR TRANSFER OF FUNDS

**1. Request for Transfer of Funds** in the amount of \$1,758.00 from A.6010.470 (Contracts) to A6140.0175 470 (Homeless Prevention Re-housing)

**Rationale:** This transfer is being requested to cover the final cost of a contract with Wait House from 2011.

## 6. BUDGET ANALYSIS

**ANNUAL PLAN  
SUPERVISION AND TREATMENT SERVICES FOR JUVENILES  
PROGRAM**

**Name of applicant municipality: Warren County**

**Lead Agency: Warren County Department of Social Services**

**Name of contact person at lead agency: Suzanne F. Wheeler, Deputy Commissioner  
(518)761-7647**

**This plan is for SFY: 4/1/2011 – 3/31/2012**

**I. ANALYSIS OF COMMUNITIES**

The Warren County communities with the greatest numbers of juvenile delinquent and persons in need of supervision are *Glens Falls, Queensbury, and Warrensburg*.

Warren County Social Services and Probation records show that of the *42 youth* in detention from January 2009 - June 2011:

- 20 (48%) were from *Glens Falls*
- 12 (28%) from *Queensbury*
- 6 (14%) from *Warrensburg*
- 2 (5%) from *Chestertown*
- 2 (5%) from *Lake George*

Warren County Department of Probation records also reflect that that the *City of Glens Falls, Queensbury and Warrensburg* are communities of highest need. From 2007 through June 2011, of the 8 youth on probation who were residentially placed:

- 4 (50%) were from *Glens Falls*
- 2 (25%) were from *Queensbury*
- 2 (25%) were from *Warrensburg*

Data Sources: Warren County Department of Social Services/ Preventive Services; Warren County Department of Probation/Juvenile Unit; NYS OCFS Detention Services Reports.

## II. DESCRIPTION OF SERVICES AND PROGRAMS TO BE FUNDED

List the name of each service and program proposed for funding with the STSJP funds along with the projected amount of STSJP funds to be used: Include

- a) The name of provider of the service program
- b) The amount of any juvenile detention services funds projected to be spent for STSJP
- c) The communities and types of youth targeted
- d) The projected number of youth that will be served

See below:

Program	Cost	Communities and Type of Youth	Number of Youth
KMG – Electronic Monitoring	\$20,000	Warren County (With a focus on Glens Falls, Queensbury and Warrensburg) – Youth that are alleged or adjudicated PINS or alleged, adjudicated or at risk of JD.	18
CAPTAINS, YOUTH and FAMILIES, INC.	\$20,000	Warren County Youth (With a focus on Glens Falls, Queensbury and Warrensburg) – that are between the ages of 12 – 16 that are alleged or adjudicated PINS or alleged, adjudicated or at risk of JD.	10
Warren Washington Homeless Youth Coalition, Inc. dba Wait House	\$60,000	Warren County Youth (With a focus on Glens Falls, Queensbury and Warrensburg) – that are 16 – 18 that are alleged or adjudicated PINS or	8

		<b>alleged, adjudicated or at risk of JD.</b>	
<b>Warren County Probation</b>	<b>\$60,000</b>	<b>Warren County (With a focus on Glens Falls, Queensbury and Warrensburg) – Youth that are PINS, JD or JO or at risk of JD.</b>	<b>35</b>

**III. DISPROPORTIONALITY**

- a. Provide available information indicating whether the use of detention or residential placement shows a significant racial or ethnic disproportionality

Figures prepared by OCFS Bureau of Evaluation and Research noted for 2010 that in Warren County fifteen youth were placed in all types of Detention. Of these youth twelve were white, two were black and one was other. In residential placement Warren County has only white children at this time.

- b. If such a disproportionality exists, describe how the services/programs proposed for funding will address the disproportionality. Not applicable.

**IV. EFFICACY OF PROGRAMS AND SERVICES**

Provide a description of the proposed services and programs that explains:

How they will reduce the number of youth who are detained or residentially placed.

See Chart on following page

How they are family focused:

See Chart on following page

Whether the services/programs are capable of being replicated across multiple sites:

See Chart on following page

Program Description	How to reduce	Family Focus	Capable of replication
<b>KMG</b> – Electronic Monitoring for youth ages 12 - 21	They keep the children in their home and in close proximity of their home. There is a low rate of recidivism and the children generally remain out of placement.	We work with the family to develop the plan for safety and structure. We have had families state that they never realized how nice their child was as they never saw them. It promotes bonding and a reconnection between the youth and their parents.	Definitely
<b>Captains</b> – Short term respite for youth ages 12 – 16	It is community based short term respite for young children. It keeps them close to their home community and out of residential placement.	They work with the family to develop the plan for safety and structure. We provide short term social, educational and preventive programs as well as emergency shelter for at risk youth	Definitely
<b>Warren Washington Counties Homeless Youth Coalition, Inc dba Wait House</b>	This is short term respite the provides shelter up to 21 days, food, crisis intervention and referral, connection to education, recreational activities, life skills and tutoring in the child's home community	They work with the family to develop the plan for safety and structure. We provide short term social, educational and preventive programs as well as emergency shelter for at risk youth	Definitely
<b>Warren County Probation</b>	Warren County Probation provides PINS Diversion assessments, intake and referrals as well as services to PINS, JD and JO Youth	They work with the family to develop the plan for safety and structure.	Definitely

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**V. JUSTIFICATION FOR THE PROPOSED PROGRAMS AND SERVICES**

Describe the demonstrated effectiveness of the proposed services and programs or provide other justification of why you are proposing these services/programs for funding:

In the past six years, Warren County has achieved significant reductions in the numbers of care days for youth in detention. In 2005 we had a total of 861 care days for youth in secure and non-secure detention and in 2010 we had a total of 195 care days for youth in secure and non-secure detention.

Clearly, Warren County has been effective in reducing our number of children in secure and non-secure detention. We have honed our programs and review outcome measures regularly. We focus on the programs that work and it is shown in our placement numbers declining. We are requesting that our plan be approved and that we obtain additional funding if available due to our small allocation. We work well as a team with community organizations such as Schools, Probation, Youth Bureau, Social Services, WAIT House and Berkshire. We have a model that is able to be replicated and we have a proven success record.

**VI. PERFORMANCE OUTCOMES**

Provide the projected performance outcomes for your proposed services and programs being sure to include:

- a) An estimate of the anticipated reductions in detention utilization and residential placements: **Warren County plans to maintain the stability in our numbers. We have continued to decline in numbers for the past three years. It is unknown how much further we can reduce stays.**
- b) Other projected positive outcomes for youth who participate in the services and programs: **Our projected positive outcomes are for the youth to receive services and stay in the home and their community of origin.**

**VII. ASSESSMENT OF SUCCESS ACHIEVING PREVIOUS PERFORMANCE OUTCOMES**

In future years you will be required to provide data for the most recent year:

- a) The number of youth who participated in the services and programs receiving the STSJP funds
- b) An assessment of whether the services and programs in the STSJP Plan achieved the projected reductions in detention utilization and residential placements and other performance outcomes.

Warren County

**Table 1 highlights:** Detention admissions have decreased from 2007 to 2011. This is true for all groups (gender, race/ethnicity). Median and average length of stay and average daily population has also declined during this period.

**Table 1: Profile of Changes in Detention from 2007 to 2011 for Warren**

	Non Secure			Secure/Mixed			Total		
	2007	2011	% Change <sup>3</sup>	2007	2011	% Change <sup>3</sup>	2007	2011	% Change <sup>3</sup>
Admission continuous stays <sup>1</sup>	38	7	-82%	4	2	-50%	42	9	-79%
Gender									
Male	18	6	-67%	4	2	-50%	22	8	-64%
Female	20	1	-95%	-	-	-	20	1	-95%
Race/Ethnicity									
White	8	5	-38%	3	-	-	11	5	-55%
Black	-	-	-	1	1	0%	1	1	0%
Hispanic	1	1	0%	-	1	100%	1	2	100%
Other	29	1	-97%	-	-	-	29	1	-97%
Releases <sup>2</sup>	40	7	-83%	5	2	-60%	45	9	-80%
Median length of stay (days)	7.0	4.0	-43%	34.0	7.0	-79%	34.0	7.0	-79%
Average length of stay (days)	10.8	4.1	-62%	28.8	7.0	-76%	28.8	7.0	-76%
Average Daily Population	1.19	0.10	-92%	0.28	0.02	-93%	1.47	0.12	-92%

<sup>1</sup> These are detention admissions/episodes (a youth could have multiple admissions /episodes). An episode is defined to be a continuous stay where the detention type (JD/O vs. PINS) is the same.

<sup>2</sup> Median length of stay is determined for youth released in year.

<sup>3</sup> Percent change is the change from 2007 to 2011. For example % change in *non-secure admissions* is (7-38)/38, which is -82%.

Note: If the number in a category for 2007 was less than 6, percent change was not calculated.

in the population. For example, the number of *non secure white youth admissions* decreased by 38% from 2007 to 2011 (Table 1), but their representation increased from 21% to 71% during this period (primarily due to a decreased in the percent of youth classified as other) (Table 2).

**Table 2: Percentage Distribution of Detention Admissions in 2007 and 2011 for Warren**

	Non Secure		Secure/Mixed		Total	
	2007 (n=38)	2011 (n=7)	2007 (n=4)	2011 (n=2)	2007 (n=42)	2011 (n=9)
White	21%	71%	75%	0%	26%	56%
Black	0%	0%	25%	50%	2%	11%
Hispanic	3%	14%	0%	50%	2%	22%
Other	76%	14%	0%	0%	69%	11%

**NYPWA Medicaid Statement of Interest Survey**  
**Preliminary Summary of Results as of August 20, 2012**

*Please reply if you have not done so already - results will be updated re-distributed.*

Twenty-four out of 58 districts responded to the Medicaid Statement of Interest Survey. They are Allegany, Broome, Cattaraugus, Chenango, Dutchess, Essex, Fulton, Genesee, Greene, Hamilton, Jefferson, Lewis, Madison, Montgomery, Onondaga, Ontario, Orange, Oswego, Rockland, St. Lawrence, Saratoga, Schenectady, Tioga and Washington. Not all counties replied to all questions. Four out of 24 counties indicated that they will pass a resolution.

**Does the County Want to:**

- 1) Conduct MAGI renewals until the State can fully centralize?
  - Yes: 16
  - No: 7
- 2) Provide in-person application assistance to MAGI applicants/enrollees?
  - Yes: 19 (one yes dependent on the presence of funding)
  - No: 4
- 3) Process applications and renewals for aged, blind or disabled individuals, excluding automated renewals?
  - No: 3
  - Short-term: 4
  - Long-term: 13
- 4) Process chronic care (nursing home) and alternate levels of care eligibility determinations and renewals?
  - No: 2
  - Short-term: 4
  - Long-term: 17
- 5) Process applications and renewals for the Medicaid Buy-In for Working Persons with Disabilities program?
  - No: 2
  - Short-term: 8
  - Long-term: 13
- 6) Conduct disability determinations?
  - No: 11
  - Short-term: 4
  - Long-term: 7
- 7) Process SSI cases, including separate determinations when and individual loses receipt of SSI?
  - No: 3
  - Short-term: 5
  - Long-term: 15

YES

YES

YES

YES

YES

YES

YES

take state 3 mo  
after local  
gather all  
med info

yes

✓ w/suzanne  
on outcome!

**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

July 9, 2012

Dear Chief Elected Official:

I am writing to obtain your County's interest in contracting with the State to continue to administer certain Medicaid administrative functions as part of the State assumption of Medicaid administration.

Section 6 of Part F of Chapter 56 of the laws of 2012 authorizes the Department of Health (Department) to transfer responsibility for the administration of the Medicaid program from local social services districts over a period of six years (by March 31, 2018). The Department will accomplish the assumption of administrative responsibilities with state staff, contracted entities, and contracts with counties.

The legislation requires the Department to send a Statement of Interest to counties to elicit their interest and capacity to contract with the Department to perform Medicaid administrative functions. Results from the Statement of Interest questionnaire will be used to guide the State in planning the transition of Medicaid administrative functions.

The Department will determine the timing of the assumption of administrative functions based upon when the necessary infrastructure has been created to take on the function. A timeline for assuming functions will be published once the results of the Statement of Interest have been analyzed. Counties should maintain the capacity to perform Medicaid administration until the State has assumed the function from the county.

Completed Statements of Interest should be returned to the Department no later than September 10, 2012. Submitting a response in favor of contracting with the State is informational and will be used for planning purposes only. It is not binding on either the county or the Department. Any county that does not respond to the Statement of Interest will be assumed to want the State to assume all Medicaid administrative functions.

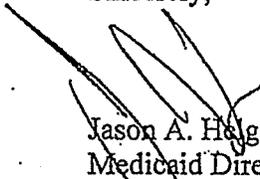
8/22/12  
per Bill @ DOH -  
strictly a questionnaire to be used for determining  
timeline (majority rule). Commissioners should be  
making recommendations to their BOS's, majority  
(by word of mouth) has been that counties  
are deciding to hold onto functions as  
long as possible. To keep as many employees employed,  
we may actually gain \$ by contracting districts

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The attached document contains additional background information on the State assumption of Medicaid administration, including functions the state intends to centralize, functions counties will continue to perform, as well as instructions for completing the Statement of Interest. Questions about completing the Statement of Interest questionnaire can be directed to Judy Arnold at 518-474-0180 or [jaa01@health.state.ny.us](mailto:jaa01@health.state.ny.us).

Thank you for your cooperation.

Sincerely,



Jason A. Haggerson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

Attachment

Cc: Local Social Services Commissioner

Stephen Acquario, New York State Association of Counties

Sheila Harrigan, New York Public Welfare Association

# STATEMENT OF INTEREST

## BACKGROUND

Section 6 of Part F of Chapter 56 of the laws of 2012 authorizes the Department of Health (Department) to transfer responsibility for the administration of the Medicaid program from local social services districts over a period of six years (by March 31, 2018). The Department may accomplish the assumption of administrative responsibilities with state staff, contracted entities, and contracts with counties. The legislation requires the Department to send a Statement of Interest to counties to elicit their interest and capacity to contract with the Department to perform Medicaid administrative functions. The Department will determine the timing of the assumption of functions. The timing will be based on when the Department has created the infrastructure (staff and systems) to take on the function. The Department will publish a timeline for assuming functions once the results of the Statement of Interest have been analyzed. The timeline will be updated each year until 2018 or when full State assumption of Medicaid functions has been achieved.

The State has begun to assume some functions (e.g., transportation, selected county renewals, managed long term care) and has started defining the requirements for a modernized eligibility system. The capacity to assume a large portion of eligibility determinations from the counties will take a minimum of two to three years. Counties should maintain the capacity to perform Medicaid administration until the State has assumed the function from the county.

## FUNDING

In completing the questionnaire in the Statement of Interest, counties should assume that they will receive no more funding than they currently receive under the Medicaid administrative cap.

## IMPLEMENTATION OF FEDERAL HEALTH CARE REFORM (AFFORDABLE CARE ACT)

The Affordable Care Act requires the creation of Health Benefit Exchanges as a marketplace for more affordable and more understandable health insurance options. Individuals may directly purchase insurance from the Exchange or apply for financial assistance for an Insurance Affordability Program. Insurance Affordability Programs are available to individuals with household incomes below 400 percent of the federal poverty level and include Medicaid, Child Health Plus, Advanced Premium Tax Credits (a reduction in the monthly premium for families with income above Medicaid eligibility but below 400% of FPL), and the Basic Health Plan (if the state chooses to adopt it).

Exchanges must establish online application processes with automated eligibility determinations for MAGI (Modified Adjusted Gross Income) Medicaid, the Children's Health Insurance Program (CHIP), and Advance Premium Tax Credits (APTCs), in addition to telephone, mail, and in-person application pathways. MAGI Medicaid includes those Medicaid applicants/enrollees eligible on the basis of new eligibility rules using income tax definitions of household size and income (Modified Adjusted Gross Income without deductions) and includes children, pregnant women, and adults under age 65 not in receipt of Medicare.

Governor Cuomo's Executive Order No. 42 established the State's Health Benefit Exchange in the Department of Health. The Department intends to centralize MAGI eligibility determinations for Medicaid, CHIP, and APTCs while preserving local presence for in-person application assistance. Given the short time period before open enrollment for the Exchange, the Department intends to

phase-in the centralization of MAGI eligibility and may even contract with some counties for this function for a longer period of time. Regardless of whether the State or the county is responsible for MAGI eligibility determinations, all determinations will be completed through a new eligibility system being developed for the Exchange, not through WMS. The new eligibility system will be Web-based, requiring internet access by county eligibility workers.

Counties that choose to contract with the State to determine/re-determine eligibility for MAGI Medicaid will also be required to assess eligibility for CHIP and APTCs, and electronically transmit the assessment to the CHIP program and the Exchange, respectively, for enrollment in those programs. Additional funding may be available to counties for the CHIP and APTC functions.

Counties will also be required to meet performance standards for the MAGI eligibility determinations. The performance standards will be included in the State Plan and subject to further federal guidance. The recently issued Medicaid regulations include a number of provisions regarding timeliness and performance standards. At a minimum, the county is expected to adhere to federal timelines for eligibility determinations. Entities delegated by the State to determine eligibility will be required to have contracts and adhere to performance standards on timeliness, accountability, and high quality consumer experience. Plans of correction will be required for patterns of incorrect, inconsistent or delayed determinations. Counties will be subject to monetary penalties for unmet performance measures.

#### **FUNCTIONS THE STATE INTENDS TO CENTRALIZE WITHOUT A COUNTY CONTRACTING OPTION**

A number of functions are in the process of being centralized by the State by 2018. There is no county option to continue to perform the functions beyond 2018. The functions include:

- Eligibility determinations for MAGI applications (i.e., Community Medicaid under age 65) and renewals (except renewals in NYC)
- Transportation management
- Assessment for Managed Long-Term Care Services
- Medicare Savings Program application/renewal processing
- Family Planning Benefit Program (FPBP) application processing for applications submitted by family planning providers and renewal processing.
- Third Party Health Insurance (payment of premiums if cost effective).

#### **FUNCTIONS COUNTIES WILL CONTINUE TO PERFORM LONG-TERM**

- Provide assistance with Medicaid eligibility for those who walk in to apply for other social services programs or who have a medical emergency.
- Assisting individuals obtain health care in emergency situations.
- Medicaid eligibility for individuals with a Spend-down. In 2013, eMedNY will calculate spend down amounts as claims are submitted, however, some worker data entry to establish the spend-down amount and review medical bills that cannot be paid by Medicaid will still be required.
- Provide legal assistance with recoveries. The Office of the Medicaid Inspector General is centralizing recoveries. However, OMIG relies on local legal support when the recoveries are taken to court.

**MAGI ELIGIBILITY DETERMINATIONS (PHONE, ONLINE, MAIL)**

MAGI Eligibility Determinations include all new applications and renewals for children, pregnant women, and non-elderly/non-Medicare adults for Medicaid, CHIP, and Advanced Premium Tax Credits (APTCs). APTCs reduce the premium contribution required for insurance for households with incomes above Medicaid eligibility levels and below 400% of FPL. All under-care changes are also included. MAGI eligibility also includes determining Medicaid/CHIP and APTC eligibility when a recipient loses eligibility for Temporary Assistance.

The State intends to centralize new MAGI applications statewide using a new Web-based eligibility system. Renewals will likely be processed centrally and by some local districts.

Question	Yes	No
<p><b>Is the County interested in conducting MAGI renewals until State can fully centralize?</b> By April 2014, the State intends to centralize MAGI renewals outside New York City. In the event state staffing is not in place to manage the volume anticipated, some counties outside New York City may be asked to assist with MAGI renewal processing for a period of time. In order to develop a phase in-plan in the best interests of the counties and the State, we would like input as to which counties may be interested in assisting with MAGI renewals until the State can fully centralize that function. Counties will know whether or not they will be needed to process MAGI renewals no later than May 2013, in time for completing their 2014 budgets.</p>		
<p><b>Does the county want to provide in-person application assistance to MAGI applicants/enrollees?</b> Centralized back end processing of MAGI applications/renewals assumes a continued local presence for in-person application assistance. This entails assisting applicants/enrollees complete the application/renewal and entering the information into the online portal. Assistance must be provided for all Insurance Affordability Programs, including MAGI Medicaid, CHIP, and APTCs. Additional funding may be available to counties for the CHIP and APTC functions. Counties should assume they will continue to provide assistance with Medicaid eligibility for those who walk in to apply for other social services programs or who have a medical emergency.</p>		
<p><b>Comments, if any, on MAGI Eligibility Determinations</b></p>		

**NON-MAGI ELIGIBILITY DETERMINATIONS: NON-MAGI REFERS TO APPLICANTS OVER AGE 65, ON MEDICARE, CATEGORICALLY ELIGIBLE FOR MEDICAID BASED ON ANOTHER PROGRAM (E.G., TA, FOSTER CARE, SSI), AND THOSE WHOSE ELIGIBILITY IS BASED ON CHRONIC CARE BUDGETING**

Question	No	Short-Term	Long-Term
Process applications and renewals for aged, blind, disabled individuals, excluding automated renewals.			
Chronic care (nursing home) and alternate levels of care eligibility determinations and renewals. The State anticipates providing counties with access to an Asset Verification System to provide an electronic verification source for resources, including bank accounts and real property.			
Process applications and renewals for the Medicaid Buy-in for Working Persons with Disabilities program.			
Conducting Disability determinations.			
SSI cases, including separate determinations when an individual loses receipt of SSI.			
Other Medicaid functions the county currently performs that were not listed in the questions. For each one you list, provide the county's election regarding the county's role in administering the function. (No Role, Short-Term Role, or Long-Term Role).			
Comments, if any, on Non-MAGI Eligibility Determinations			

Thank you for completing the survey!

## INSTRUCTIONS FOR COMPLETING THE STATEMENT OF INTEREST

The questions to follow are organized by function and are multiple-choice. For most functions, a county has three choices:

- No – The County does not want to retain responsibility for the function and prefers the State assume responsibility as soon as the State has the staff and systems in place to assume the function. A county that indicates it does not want to retain the function will still be required to do so until the State is able to assume the function.
- Short-term – The County wants to retain responsibility for the function for some period of time, at least as long as it takes the State to develop the infrastructure to assume the function. This option would not involve contracting with the State. While the answer of "no and short-term" may have the same effect, the counties that respond "short term" meaning they want to retain the function at least until the Department has the capacity to assume the function, will inform the phase-in schedule of counties.
- Long-term – The County wants to retain responsibility for the function for the long term (i.e., beyond 2018) and is interested in contracting with the State.

Please check the box that best reflects the county's election for each of the following functions. Space has been provided for comments if you choose to elaborate on your answers.

### How Will the Department Use the Statement of Interest?

The Department will analyze the responses to the questions and use them in three ways:

- To develop a plan with a timeline for the phase-in of the centralization of some functions
- To determine which counties the Department should begin the process of contract discussions for specific functions
- To determine whether a regional approach to contracting may be preferable for certain functions.

A response in favor of contracting with the State is informational and will be used for planning. **It is not binding on either the county or the Department.** The Department recognizes it will need to develop and negotiate a contract with the county and that process may result in a change in the interest of the county in contracting with the State. While no assurances are able to be made regarding indemnifying counties, it is expected that language identifying indemnification clauses will be included in any contractual relationship.

**Statements of Interest are due back to the Department by September 10, 2012.**

Completed Statements of Interest should be returned to:

Judith Arnold, Director  
Division of Health Reform and Health Insurance Exchange Integration  
New York State Department of Health  
Office of Health Insurance Programs  
Corning Tower OCP 826  
Albany, NY 12237  
[jaa01@health.state.ny.us](mailto:jaa01@health.state.ny.us)

Questions about completing the survey can be directed to: Wendy Butz, Director, Bureau of Medicaid Enrollment and Exchange Integration, [wlb01@health.state.ny.us](mailto:wlb01@health.state.ny.us), 518-474-8887.

**Any county that does not respond will be assumed to want the State to assume all Medicaid administrative functions. However, Counties must continue to perform the functions until the State is able to assume them from the county.**