

Health Services Committee

Mental Health Services

AGENDA

2/27/15

Committee Members: Chairman Supervisor Sokol
 Supervisor Conover
 Supervisor Frasier
 Supervisor McDevitt
 Supervisor Westcott

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior January 23rd Committee meeting
- III. Action Agenda/New Business
 1. Request to approve a resolution for a 2015 Budget Amendment: \$ 14,400 (100% State Aid –OMH) for Warren-Washington Association for Mental Health, Inc.
 2. Request to approve a resolution for a 2015 Budget Amendment: \$19,799 (100% State Aid –OMH and OASAS) for Glens Falls Hospital Behavioral Health Services
 3. Request to approve a resolution for a 2015 Budget Amendment: \$6,093 (100% State Aid –OMH) for Liberty House Foundation, Inc.
 4. Request to approve a resolution for a 2015 Budget Amendment: \$1,193 (100% State Aid –OASAS) for the Council for Prevention, Inc.
 5. Request to approve a resolution for a 2015 Budget Amendment: \$4,208 (100% State Aid-OASAS) for 820 River St., Inc.
 6. Request to approve a resolution for a 2015 Budget Amendment: \$6,516 (100% State Aid-OMH) for Community, Work and Independence, Inc.
 7. Request to approve a resolution authorizing execution of a Business Associates Agreement with Adirondack Health Institute
- IV. Motion to adjourn

Attachments:
Resolution Requests

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Mental Health) in the amount of \$14,400 for pass through of 2% Direct Care COLA for Non-Profit Agencies to the Warren-Washington Association for Mental Health.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0120.470 - (Mental Health Programs-Mental Health Association), increase by \$14,400.

- (c) Revenue Code (with title), and Amount: A.4320.0120.3490 (State Aid-Mental Health-Mental Health Association), increase by \$14,400.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Mental Health and NYS OASAS) in the amount of \$19,799 for pass through of 2% Direct Care COLA for Non-Profit Agencies to the Behavioral Health Services of the Glens Falls Hospital.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0080.470 - (Mental Health Programs-Comm. MH Center GF Hospital), increase by \$19,799.

- (c) Revenue Code (with title), and Amount: A.4320.0080.3490 (State Aid-Mental Health-Comm.MH Center GF Hospital), increase by \$19,799.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Mental Health) in the amount of \$6,093 for pass through of 2% Direct Care COLA for Non-Profit Agencies to the Liberty House Foundation, Inc.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0090.470 - (Mental Health Programs-Liberty House), increase by \$6,093.

- (c) Revenue Code (with title), and Amount: A.4320.0090.3490 (State Aid-Mental Health-Liberty House), increase by \$6,093.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Alcoholism and Substance Abuse Services) in the amount of \$1,193 for pass through of 2% Direct Care COLA for Non-Profit Agencies to the Council for Prevention, Inc.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0010.470 - (Mental Health Programs-Alcohol Prevention Education Program), increase by \$1,193.

- (c) Revenue Code (with title), and Amount: A.4320.0010.3490 (State Aid-Mental Health-Alcohol Prevention), increase by \$1,193.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

(a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Alcoholism and Substance Abuse Services) in the amount of \$4,208 for pass through of 2% Direct Care COLA for Non-Profit Agencies to 820 River St.

(b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0150.470 - (Mental Health Programs-820 River St.-Mental Health)
increase by \$4,208.

(c) Revenue Code (with title), and Amount: A.4320.0150.3490 (State Aid-Mental Health-820 River St.), increase by \$4,208.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 2/27/15

- (a) Purpose of Amendment: To amend the 2015 budget to accept funds (100% State Aid - NYS Office of Mental Health) in the amount of \$6,516 for pass through of Workshop Transformation funds to Community, Work and Independence, Inc.

- (b) Appropriation Code, Object Code, Full Title and Amount:
A.4320.0070.470 - (Mental Health Programs-Mental Health Association), increase by \$6,516.

- (c) Revenue Code (with title), and Amount: A.4320.0070.3490 (State Aid-Mental Health-Mental Health Association), increase by \$6,516.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Office of Community Services

DATE: 2/27/15

- (a) Purpose of Request: To authorize the Chairman of the Board of Supervisors and/or the Chairperson of the Warren County Community Services Board, as determined appropriate by the County Attorney, to sign a HIPAA Business Associate Agreement with Adirondack Health Institute, Inc. as required by NYSDOH Office of Health Insurance Programs to allow the Office of Community Services to partner in the DSRIP (Delivery System Reform Incentive Payment) Program, in a form approved by the County Attorney.

- (b) Details: N/A

- (c) Previous Resolution Number: N/A

York, Robert

From: Rhude, Kyle [krhude@adkhi.org]
Sent: Tuesday, February 24, 2015 8:21 AM
To: York, Robert
Cc: Florio, Colleen
Subject: RE: Business Associate Agreement
Attachments: HIPAA Business Associate Agreement DSRIP Updated Office of Community Ser....pdf

Good morning Robert,

Attached is a BAA for the Office of Community Services for Warren and Washington Counties.

Please let me know if you have any questions.

Thank you

Kyle Rhude
Contracts and Budget Manager
Adirondack Health Institute
101 Ridge Street, Glens Falls, NY 12801
518.480.0111 ext #32011
krhude@adkhi.org



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From: Florio, Colleen
Sent: Monday, February 23, 2015 11:40 AM
To: York, Robert
Cc: Rhude, Kyle
Subject: RE: Business Associate Agreement

Yes, we will go ahead with a BAA with the Warren-Washington County Office of Community Services. I'm copying Kyle Rhude, our Contract Manager who is handling the BAA process. He's out sick today, but I'm sure he can get you the document in advance of your Friday meeting.

Colleen M. Florio, PhD
Vice President, Health System Transformation
Adirondack Health Institute
101 Ridge Street, Glens Falls, NY 12801
518.480.0111 x32003

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From: York, Robert [<mailto:yorkr@warrencountyny.gov>]
Sent: Monday, February 23, 2015 11:08 AM
To: Florio, Colleen
Subject: Business Associate Agreement

Colleen, Have you determined if the Office of Community Services needs to execute a Business Associate Agreement with Adirondack Health Institute for DSRIP purposes? It is my understanding the NYS DOH, Office of Health Insurance Programs is requiring this for all DSRIP PPS Partners. I am uncertain if our "non-provider" status puts us in a different category, where it would not be required. Can you help clarify?

I have a county committee meeting coming up on Friday and would like to get committee approval, if the BAA is required of my office.

Thank you.

Robert York, LCSW, MPA
Director of Community Services
Office of Community Services for Warren and Washington Counties
Phone (518) 792-7143
Fax (518) 792-7166

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