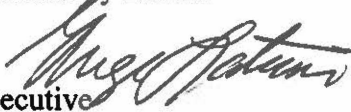


May 16, 2024

TO: Hon. Vedat Gashi, Chair
Hon. Jose Alvarado, Vice Chair
Hon. Tyrae Woodson-Samuels, Majority Leader
Hon. Margaret Cunzio, Minority Leader

FROM: George Latimer
Westchester County Executive 

RE: Message Requesting Immediate Consideration: **Act – WCHCC –
Medical Services to Employees of DOH and DLR.**

This will confirm my request that the Board of Legislators allow submission of the referenced communication to be submitted to the Board of Legislators May 20, 2024 Agenda.

Transmitted herewith for your consideration and approval is an Act which, if adopted, would authorize the County of Westchester (the "County"), acting by and through both its Department of Health ("DOH") and its Department of Laboratories and Research ("DLR"), to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") whereby WCHCC would provide post-exposure evaluation and follow-up medical services to employees of both the DOH and DLR for potential exposure to bloodborne pathogens (the "Agreement").

Therefore, since this communication is of the utmost importance, it is respectfully submitted that the County Board of Legislators accepts this submission for May 20, 2024 "blue sheet" calendar.

Thank you for your prompt attention to this matter.



George Latimer
County Executive

May 10, 2024

Westchester County Board of Legislators
800 Michaelian Office Building
White Plains, New York 10601

Honorable Members of the Board of Legislators:

Transmitted herewith for your consideration and approval is an Act which, if adopted, would authorize the County of Westchester (the "County"), acting by and through both its Department of Health ("DOH") and its Department of Laboratories and Research ("DLR"), to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") whereby WCHCC would provide post-exposure evaluation and follow-up medical services to employees of both the DOH and DLR for potential exposure to bloodborne pathogens (the "Agreement").

The Agreement with the WCHCC would be for the term June 1, 2024 through May 31, 2029. The County would pay a fee not to exceed Twenty-two Thousand Five Hundred (\$22,500.00) Dollars for the five-year term of the Agreement, pursuant to an approved rate schedule. It should be noted that WCHCC has been providing these services to the County since 1999 and the current Agreement will expire on May 31, 2024.

As you know, Section 3307(4) of the New York Public Authorities Law requires the approval of your Honorable Board and the Board of Acquisition and Contract for this agreement.

Both the Commissioner of Health and the Pathologist/Deputy Medical Examiner have approved the material terms of the proposed Agreement and determined that the amount specified is fair and reasonable. Based upon the foregoing, I recommend approval of the attached legislation.

Sincerely,

A handwritten signature in dark ink, appearing to read "George Latimer", written over a light blue horizontal line.

George Latimer
Westchester County Executive

GL/SA/AM/jpg

Michaelian Office Building
148 Martine Avenue
White Plains, New York 10601

Telephone: (914)995-2900

**HONORABLE BOARD OF LEGISLATORS
THE COUNTY OF WESTCHESTER, NEW YORK**

Your Committee is in receipt of a communication from the County Executive requesting that your Honorable Board authorize the County of Westchester (the “County”), acting by and through both its Department of Health (“DOH”) and its Department of Laboratories and Research (“DLR”), to enter into an agreement with the Westchester County Health Care Corporation (“WCHCC”) whereby WCHCC would provide post exposure evaluation and follow-up medical services to employees of both DOH and DLR for potential exposure to bloodborne pathogens for the term June 1, 2024 through May 31, 2029. The County would pay a fee not to exceed Twenty-two Thousand Five Hundred (\$22,500.00) Dollars for the five-year term of the agreement, pursuant to an approved rate schedule. Your Committee notes that WCHCC has been providing these services to the County since 1999 and the current agreement will expire on May 31, 2024.

The Planning Department has advised that the proposed agreement does not meet the definition of an action under New York State Environmental Quality Review Act and its implementing regulations 6 NYCRR Part 617. As such, no environmental review is required. Please refer to the memorandum from the Department of Planning dated January 8, 2024, which is on file with the Clerk of the Board of Legislators.

Your Committee has been advised that Section 3307(4) of the New York Public Authorities Law requires the approval of your Honorable Board and the Board of Acquisition and Contract for this agreement. Pursuant to that section, said approval of the Board of Legislators must be by an affirmative vote of not less than a majority of the voting strength of the Board.

Your Committee has carefully considered and recommends approval of the proposed Act.

Dated: _____, 2024

White Plains, New York

COMMITTEE ON
C/jpg/2024 Bloodborne legislation

FISCAL IMPACT STATEMENT

SUBJECT: Blood borne pathogens exposure

☐ NO FISCAL IMPACT PROJECTED

OPERATING BUDGET IMPACT

To Be Completed by Submitting Department and Reviewed by Budget

SECTION A - FUND

☒ GENERAL FUND

☐ AIRPORT FUND

☐ SPECIAL DISTRICTS FUND

SECTION B - EXPENSES AND REVENUES

Total Current Year Expense \$ 2,250

Total Current Year Revenue \$ 810

Source of Funds (check one): ☒ Current Appropriations ☐ Transfer of Existing Appropriations

☐ Additional Appropriations ☐ Other (explain)

Identify Accounts: Fund 101, Dept 27, Unit 0010, Subunit 4000, Object 4380, Function HSSN

Fund 101, Dept 27, Unit 0010, Revenue Object 9706

Potential Related Operating Budget Expenses: Annual Amount \$4,500

Describe: This is a 5 year (6/1/2024 - 5/31/2029) contract not-to-exceed \$22,500
for mandated testing of samples for blood borne pathogens

Potential Related Operating Budget Revenues: Annual Amount \$1,620

Describe: Estimated State Aide reimbursement totaling \$8,100 over 5 years

Anticipated Savings to County and/or Impact on Department Operations:

Current Year: _____

Next Four Years: _____

Prepared by: Mark Medwid

Title: Associate Budget Director

Department: Budget

Date: May 10, 2024

Reviewed By: 

Budget Director

Date: 5/13/24

ACT NO. 2024 - _____

An Act authorizing the County of Westchester to enter into an agreement with the Westchester County Health Care Corporation for a term commencing June 1, 2024 through May 31, 2029 whereby the WCHCC shall provide post exposure evaluation and follow-up medical services to employees of both the Department of Health and the Department of Laboratories and Research for potential exposure to bloodborne pathogens.

BE IT ENACTED by the Board of Legislators of the County of Westchester as follows:

Section 1. The County of Westchester is hereby authorized to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") for a term commencing June 1, 2024 through May 31, 2029 whereby the WCHCC shall provide post exposure evaluation and follow-up medical services to employees of both the Department of Health and the Department of Laboratories and Research for potential exposure to bloodborne pathogens. The County shall pay a fee not to exceed Twenty-two Thousand Five Hundred (\$22,500.00) Dollars for the five-year term of the agreement, pursuant to an approved rate schedule.

§2. The County Executive or his authorized designee is hereby authorized and empowered to execute all instruments and to take all action necessary and appropriate to effectuate the purposes hereof.

§3. This Act shall take effect immediately.

THIS AGREEMENT, made the ____ day of _____, 2024 by
and between

THE COUNTY OF WESTCHESTER, , a municipal corporation of the State
of New York, having an office and place of business in the Michaelian Office
Building, 148 Martine Avenue, White Plains, New York 10601,

(hereinafter referred to as the "County")

acting by and through its Department of Health ("DOH") and Department of
Labs and Research ("DLR")

and

WESTCHESTER COUNTY HEALTH CARE CORPORATION, a public
benefit corporation of the State of New York, having an office and principal
place of business at 100 Woods Road, Valhalla, New York 10595,

(hereinafter referred to as the "Corporation")

WITNESSETH:

WHEREAS, the County desires to obtain services from the Corporation whereby
the County, acting by and through its DOH and its DLR will refer DOH and DLR employees for
post exposure evaluation and follow-up medical services for potential exposure to bloodborne
pathogens; and

WHEREAS, the Corporation desires to provide such services for the compensation
and on the terms herein provided.

NOW, THEREFORE, in consideration of the terms and conditions herein
contained, the parties agree as follows:

FIRST: The Corporation shall furnish services to DOH and DLR employees
referred by the County for post exposure evaluation and follow-up medical services for potential
exposure to bloodborne pathogens in accordance with Schedule "A", which is attached hereto
and made a part hereof.

SECOND: For the services rendered pursuant to Paragraph "FIRST", the Corporation shall be paid on a per patient basis at no more than the then current Worker's Compensation rates. If, for any reason, Worker's Compensation does not cover any or all of the services, the Corporation shall be paid on a per patient basis according to the rates listed in Schedule "B" (Occupational Health Center encounter form). The total amount payable pursuant to this Agreement shall not exceed Twenty-two Thousand Five Hundred (\$22,500.00) Dollars. The Corporation may refuse to provide services in the event the County of Westchester does not pay for services rendered within 60 days of receipt of an invoice.

Any and all requests for payment made by the Corporation, including any request for partial payment made in proportion to the work completed, shall be submitted by the Corporation on properly executed payment vouchers of the County and shall be submitted on a monthly basis not later than the 15th day of the month following the month in which the work was performed by Corporation and paid only after approval by the Commissioner of Health of the County of Westchester ("DOH Commissioner") and/or approval by the Pathologist/Deputy Medical Examiner of the Department of Labs and Research of the County of Westchester ("Medical Examiner"), which approvals shall not be unreasonably withheld. In no event shall final payment be made to the Corporation prior to completion of all professional services, the submission of reports, if any, and the approval of same by the DOH Commissioner and/or the Medical Examiner.

All payment vouchers must be accompanied by a numbered invoice and must contain the invoice number where indicated. All invoices submitted during each calendar year shall utilize sequential numbering and be non-repeating. The Corporation shall attach to each payment voucher an Occupational Health Center encounter form, a sample form of which is attached hereto as Schedule "B".

Except as otherwise expressly stated in this Agreement, no payment shall be made by the County to the Corporation for out of pocket expenses or disbursements made in connection with the services rendered or the work to be performed hereunder.

Prior to the making of any payments hereunder, the County may, at its option, audit such books and records of the Corporation as are reasonably pertinent to this Agreement to substantiate the basis for payment. The County will not withhold payment pursuant to this paragraph for more than thirty (30) days after payment would otherwise be due pursuant to the provisions of this paragraph "SECOND", but the County shall not be restricted from withholding payment for cause found in the course of such audit or because of failure of the Corporation to cooperate with such audit. The County shall, in addition, have the right to audit such books and records subsequent to payment, if such audit is commenced within one year following termination of this Agreement.

The Corporation shall use the monies paid by the County under this Agreement to pay the Corporation's costs for providing the health care services required under paragraph 1 of this Agreement (including staff salaries), before such funds are used for any other purpose. The Corporation shall provide the DOH Commissioner and/or the Acting Medical Examiner with a semi-annual accounting to verify that the money has been spent in this manner, unless services are being denied, in which case the County may cease payment until an accounting is provided. In addition, the County, if it desires an accounting on a more frequent basis, may have access to the relevant books and records of the Corporation upon reasonable notice in order to conduct its own audit of such payment and expenses, provided that the same is done at the County's sole cost and expense.

The parties recognize and acknowledge that the obligations of the County under this Agreement are subject to annual appropriations by its Board of Legislators pursuant to the Laws of Westchester County. Therefore, this Agreement shall be deemed executory only to the extent of the monies appropriated and available. The County shall have no liability under this Agreement beyond funds appropriated and available for payment pursuant to this Agreement. County shall not request services if County has not appropriated funds for such services. The parties understand and intend that the obligation of the County hereunder shall constitute a current expense of the County and shall not in any way be construed to be a debt of the County in contravention of any applicable constitutional or statutory limitations or requirements concerning the creation of indebtedness by the County, nor shall anything contained in this Agreement constitute a pledge of the general tax revenues, funds or moneys of the County. The

County shall pay amounts due under this Agreement exclusively from legally available funds appropriated for this purpose. The County shall retain the right, upon the occurrence of the adoption of any County Budget by its Board of Legislators during the term of this Agreement or any amendments thereto, and for a reasonable period of time after such adoption(s), to conduct an analysis of the impacts of any such County Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates set forth herein. If the County subsequently offers to pay a reduced amount to the Corporation, then the Corporation shall have the right to terminate this Agreement upon reasonable prior written notice.

This Agreement is also subject to further financial analysis of the impact of any New York State Budget (the "State Budget") proposed and adopted during the term of this Agreement. The County shall retain the right, upon the occurrence of any release by the Governor of a proposed State Budget and/or the adoption of a State Budget or any amendments thereto, and for a reasonable period of time after such release(s) or adoption(s), to conduct an analysis of the impacts of any such State Budget on County finances. After such analysis, the County shall retain the right to either terminate this Agreement or to renegotiate the amounts and rates approved herein. If the County subsequently offers to pay a reduced amount to the Consultant, then the Consultant shall have the right to terminate this Agreement upon reasonable prior written notice.

THIRD: The term of this Agreement shall commence on June 1, 2024 and shall expire on May 31, 2029.

The Corporation shall properly maintain medical records relative to the services rendered for which compensation is to be paid by the County pursuant to the terms of this Agreement, which shall include, but not be limited to, the following:

1. Date
2. Names of employees rendering service
3. Nature of service rendered
4. Required time expended.

FOURTH: The Corporation shall immediately inform the DOH Commissioner and/or Medical Examiner in writing of any cause for delay in the performance of its obligations under this Agreement.

FIFTH: This Agreement shall terminate in the event that either party is in default in the performance of or compliance with any of the material covenants, terms or conditions of this Agreement, and if the breaching party shall fail to cure such default within thirty (30) days after written notice is served by the non-breaching party specifying such default and the non-breaching party's intent to terminate this Agreement or shall, in the case of a default not susceptible of being cured within such thirty (30) day period, fail to commence to cure the default within such thirty (30) day period and diligently and continuously pursue same to completion. It is the intention of the parties, in connection with a default not susceptible of being cured with due diligence within such thirty (30) day period (subject to Unavoidable Delays as defined in the Cooperation Agreement between the parties dated December 15, 2008), that the time within which the breaching party must cure the same shall be extended for such period as may be necessary to complete the same with all due diligence, provided that the breaching party, within such thirty (30) day period, shall give the non-breaching party notice describing the proposed cure along with an explanation as to why such cure cannot be completed within thirty (30) days, and that the breaching party intends to proceed with due diligence to cure such default, has commenced taking steps to effect such cure, and has provided an anticipated date for completion of the cure.

SIXTH: The County shall be entitled to copies of all records compiled by the Corporation in completing the work described in this Agreement, including but not limited to written reports, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, unless otherwise prohibited by law.

SEVENTH: Any purported delegation of duties or assignment of rights under this Agreement without the prior express written consent of the County is void. All work performed by a sub-contractor shall be deemed work performed by the Corporation.

EIGHTH: The Corporation shall comply with all rules, regulations and licensing requirements pertaining to the services that it will provide under this Agreement.

NINTH: The Corporation expressly agrees that neither it nor any contractor, subcontractor, employee, or any other person acting on its behalf shall discriminate against or intimidate any employee or other individual on the basis of race, creed, religion, color, gender, age, national origin, ethnicity, alienage or citizenship status, disability, marital status, sexual orientation, familial status, genetic predisposition or carrier status during the term of or in connection with this Agreement, as those terms may be defined in Chapter 700 of the Laws of Westchester County. The Corporation acknowledges and understands that the County maintains a zero tolerance policy prohibiting all forms of harassment or discrimination against its employees by co-workers, supervisors, vendors, contractors, or others.

TENTH: The parties shall comply with all applicable laws, rules and regulations pertaining to confidential information. All referrals will be sent with a release of records request, completed by the patient, to the Corporation to report back to the County following evaluation.

The Corporation expressly agrees that neither it nor any contractor, subcontractor, employee, or any other person acting on its behalf shall discriminate against or intimidate any employee or other individual on the basis of race, creed, religion, color, gender, age, national origin, ethnicity, alienage or citizenship status, disability, marital status, sexual orientation, familial status, genetic predisposition or carrier status during the term of or in connection with this Agreement, as those terms may be defined in Chapter 700 of the Laws of Westchester County. The Corporation acknowledges and understands that the County maintains a zero tolerance policy prohibiting all forms of harassment or discrimination against its employees by co-workers, supervisors, vendors, contractors, or others.

ELEVENTH: The Corporation shall defend, indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly out of the acts or omissions hereunder by the Corporation or third parties under the direction or control of the Corporation. The County shall defend, indemnify and hold harmless the Corporation, its

officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly out of the acts or omissions hereunder by the County or third parties under the direction or control of the County.

TWELFTH: All notices of any nature referred to in this Agreement shall be in writing and sent by registered or certified mail postage pre-paid, to the respective addresses set forth below or to such other addresses as the respective parties hereto may designate in writing:

To the County DOH:

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

To the County DLR:

Department of Labs and Research
10 Dana Road
Valhalla, New York 10595

with a copy to:

County Attorney
County of Westchester
Michaelian Office Building, Room 600
148 Martine Avenue
White Plains, New York 10601

To the Corporation:

President and Chief Executive Officer
Westchester County Health Care Corporation
Executive Offices at Taylor Pavilion, C-1
100 Woods Road
Valhalla, New York 10595

with a copy to:

Office of Legal Affairs
Westchester County Health Care Corporation
Executive Offices at Taylor Pavilion, C-2
100 Woods Road
Valhalla, New York 10595

THIRTEENTH: Attached hereto and forming parts hereof are the schedules listed below. Simultaneous with its execution of this Agreement, the Corporation shall provide the County with a completed copy of each schedule. The Corporation agrees that the terms of each of these schedules has been accepted and agreed-to by the Corporation by virtue of its execution of this Agreement, and the Corporation represents and warrants that it has completed each of these schedules accurately and completely.

- 1.) Schedule "C" — "Business Enterprises Owned and Controlled by Women or Persons of Color"

Pursuant to Section 308.01 of the Laws of Westchester County, it is the goal of the County to use its best efforts to encourage, promote and increase the participation of business enterprises owned and controlled by women or persons of color in contracts and projects funded by all departments of the County.

- 2.) Schedule "D" — "Required Disclosure of Relationships to County"

In the event that any information provided in Schedule "D" must be changed during the term of this Agreement, the Corporation agrees to notify the County in writing within ten (10) business days and provide an updated version of the schedule. The Corporation shall also have each approved subcontractor complete a separate Schedule "D" and shall advise the subcontractor of the duty to report any changes to the information contained therein to the Corporation within ten (10) business days of such event and such information shall be forwarded by the Corporation to the County in the manner described above.

- 3.) Schedule "E" — "Vendor Direct Program - Electronic Funds Transfer"

All payments made by the County to the Corporation will be made by electronic funds transfer ("EFT") pursuant to the County's Vendor Direct Program. If the Corporation is not already enrolled in the Vendor Direct Program, the Corporation shall fill out and submit an EFT Authorization Form as part of this Agreement. (In rare cases, a hardship waiver may be granted. For a Hardship Waiver Request Form,

the Corporation understands that it must contact the County's Finance Department.)

If the Corporation is already enrolled in the Vendor Direct Program, the Corporation hereby agrees to immediately notify the County's Finance Department in writing if the EFT Authorization Form on file must be changed, and provide an updated version of the document.

FOURTEENTH: This Agreement and its attachments constitute the entire Agreement between the parties with respect to the subject matter hereof and shall supersede all previous negotiations, commitments and writings. It shall not be released, discharged, changed or modified except by an instrument in writing signed by a duly authorized representative of each of the parties.

FIFTEENTH: In the event of a conflict between the terms of this Agreement and the provisions of any Schedule attached hereto, the terms of this Agreement shall control.

SIXTEENTH: This Agreement shall not be enforceable until signed by all parties and approved by the Office of the County Attorney.

SEVENTEENTH: This Agreement shall be construed and enforced in accordance with the laws of the State of New York.

[NO FURTHER TEXT ON THIS PAGE]

IN WITNESS WHEREOF, The County of Westchester and the Corporation have caused this Agreement to be executed.

THE COUNTY OF WESTCHESTER

By: _____
Sherlita Amler, M.D.
Commissioner of Health

WESTCHESTER COUNTY HEALTH CARE CORPORATION

By: _____

(Name and Title)

Authorized by the Westchester County Board of Legislators at a meeting duly held on the _____ day of _____, 2024.

Authorized by the Board of Acquisition and Contract of the County of Westchester on the _____th day of _____, 2024.

Approved as to form and manner of execution:

Assistant County Attorney
The County of Westchester
eos/doh/wchcc bloodborne pathogens/24-29 agmt

CORPORATE ACKNOWLEDGMENT

STATE OF NEW YORK)
)
COUNTY OF WESTCHESTER) ss:

On this ____ day of _____, 2024, before me personally came
_____, to me known, and known to me to be the
_____, of the Westchester County Health Care Corporation, the
corporation described in and which executed the within instrument, who being by me duly sworn did
depose and say that he, the said _____ resides at
_____, New York and that he is the _____ of
said corporation and that he signed his name thereto by like order.

Notary Public

CERTIFICATE OF AUTHORITY
(CORPORATION)

I, _____,
(Officer other than officer signing contract)

certify that I am the _____ of
(Title)
the _____
(Name of Corporation)

a corporation duly organized and in good standing under the _____
(Law under which organized, e.g., the New York Business Corporation Law) named in the
foregoing agreement; that

(Person executing agreement)

who signed said agreement on behalf of the _____
(Name of Corporation)

was, at the time of execution _____
(Title of such person)

of the Corporation and that said agreement was duly signed for and on behalf of said Corporation
by authority of its Board of Directors, thereto duly authorized and that such authority is in full
force and effect at the date hereof.

(Signature)

STATE OF NEW YORK)

COUNTY OF) ss.:

On the _____ day of _____ in the year 20__ before me, the undersigned, a Notary
Public in and for said State, _____ personally appeared,
personally known to me or proved to me on the basis of satisfactory evidence to be the officer
described in and who executed the above certificate, who being by me duly sworn did depose and
say that he/she resides at _____, and
he/she is an officer of said corporation; that he/she is duly authorized to execute said certificate on
behalf of said corporation, and that he/she signed his/her name thereto pursuant to such authority.

Notary Public
Date

SCHEDULE "A"

Occupational Exposure to Bloodborne Pathogens

The County of Westchester (the "County"), acting by and through the Westchester County Department of Health ("DOH") and the Westchester County Department of Labs & Research ("DLR"), will assume responsibility for the following:

1. Both DOH and DLR will immediately refer all employees with an occupational exposure to bloodborne pathogens to Westchester Medical Center. Employees will report to the Westchester Medical Center ("WMC") Occupational Health Center, 100 Woods Road, Taylor Pavilion, Room D-109, Monday to Friday between the hours of 7:15 am – 2:30 pm excluding Holidays. At all other times DOH and DLR staff will report to the WMC Emergency Room Department.
2. Both DOH and DLR will provide WMC with a written referral including:
 - a) The nature of the incident
 - b) The employee's job description
 - c) The route and source of exposure
 - d) Information on the source patient
 - e) A copy of the incident report
 - f) Employee's Hepatitis B vaccination status
3. When possible, both DOH and DLR will call WMC Occupational Health Center at (914) 493-8580 or 493-1385 at the time of referral, to notify them of occupational exposure and referral. During after hours, the DOH and DLR will call the WMC Emergency Room Department at (914) 493-7307.
4. The DOH and DLR will follow up with the medical provider of source individual to obtain evaluation and permission for the release of records. Results of source individual's testing will be forwarded to the employee's medical provider at WMC Occupational Health Center.
5. The County agrees to incur all costs for medical evaluation, lab testing and all follow-up related to the incident that is not covered by worker's compensation.

The Westchester Medical Center ("WMC") will assume responsibility for the following:

1. WMC will immediately evaluate all DOH and/or DLR employees referred for all occupational exposure to bloodborne pathogens according to OSHA Bloodborne Pathogens Standard 29 CFR Part 1910.1030.
2. WMC will follow New York State Department of Health guidelines for HIV prophylaxis following an occupational exposure.
3. WMC will assure that Emergency Room physicians have a copy of the OSHA Bloodborne Pathogens Standard and WMC Occupational Health Center's policies and procedures for managing occupational exposures to bloodborne pathogens.
4. WMC will inform the DOH or DLR employee of all follow-up appointments.
5. WMC will provide the DOH or DLR with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation. For Hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether the DOH or DLR employee requires or has received the Hepatitis B vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the DOH or DLR employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to the DOH or DLR.

6. WMC will not bill the DOH/DLR employees directly for services rendered for the evaluation and treatment of occupational exposure.

**SCHEDULE B
OCCUPATIONAL HEALTH CENTER
SCHEDULE OF SERVICES AND FEES**

SERVICE	COST	CODE	Check Services
PHYSICAL EXAM & HISTORY	\$100.00	PE 1	
DOT EXAMINATION AND HISTORY	\$115.00	PE-2	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED	\$150.00	PE-3	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED, ALSO, HBsAb, HBsAg, RUBELLA, VARICELLA, MUMPS, RUBEOLA TITERS, PPD, PLACEMENT/INTERPRETATION, LAB REVIEW AND REFERRAL AS INDICATED	\$310.00	PE-4	
PRE-PLACEMENT ASSESSMENT DAY 2	N/C	PE - C	
ANNUAL HEALTH ASSESSMENT: CBC, SMAC, UA (DIPSTICK), PPD PLACEMENT/ INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$175.00	AA-1	
ANNUAL HEALTH ASSESSMENT: PPD, PLACEMENT/INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$100.00	AA-2	
ANNUAL HEALTH ASSESSMENT DAY 2	N/C	AA - C	
EXECUTIVE PHYSICAL/HISTORY AND HEALTH RISK APPRAISAL	\$350.00	PE-5	
ASBESTOS QUESTIONNAIRE PHYSICAL EXAM & HISTORY	\$125.00	PE-6	
PPD, PLACEMENT/INTERPRETATION	\$26.00	VA-1	
CHEST X-RAY PA & LATERAL B READER	\$300.00	FV-1	
CHEST X-RAY PA & LATERAL	\$105.00	FV-2	
QUANTIFERON	\$85.00	VA-19	
HBV: HBsAg/HBsAb BEFORE SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$285.00	VA-2	
HBV: SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-3	
HBV: BOOSTER SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-4	
HBV: ONE INJECTION	\$65.00	VA-19	
SARS-CoV-2 (COVID-19) Diagnostic PCR Test	\$75.00	LA-42	
SARS-CoV-2 (COVID-19) Antibody Test	\$75.00	LA-43	
SARS-CoV-2 (COVID-19) Diagnostic NAAT Test	\$100.00	LA-44	
AUDIOMETRIC HEARING TEST	\$50.00	FV-3	
AUDIOMETRIC HEARING TEST WITH PE OR AHA	\$35.00	FV-4	
VISION SCREEN	\$35.00	FV-5	

SCHEDULE B (CONTINUED)

SERVICE	COST	CODE	Check Services
VISION SCREEN WITH PE OR AHA	\$30.00	FV-6	
PULMONARY FUNCTION TEST (SPIROMETRY)	\$50.00	FV-7	
*** FIT TESTING (RESPIRATORS) (including related required medical clearance services)	\$47.00	FV-8	
REVIEW OF OSHA RESPIRATOR QUESTIONNAIRE	\$25.00	FV-9	
RABIES SERIES (3 VACCINES) PRE-EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$525.00	VA-5	
RABIES VACCINE BOOSTER: POST EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$210.00	VA-5	
SERUM LEAD	\$25.00	LA-1	
ZINC PROTOPORPHYRIN (ZPP)	\$35.00	LA-2	
URINE MERCURY (100 cc COLLECTED) WORKDAY	\$60.00	LA-3	
BLOOD MERCURY (ACUTE EXPOSURE)	\$125.00	LA-4	
HEAVY METALS (24 HR URINE)	\$325.00	LA-5	
RANDOM URINE HEAVY METALS	\$120.00	LA-6	
ELECTROCARDIOGRAM	\$45.00	FV-9	
EKG STRESS TEST	\$210.00	FV-10	
RADIOLOGY OTHER	VARY	FV-11	
INFLUENZA (FLU) VACCINE	\$39.00	VA-7	
IMMUNE GLOBULIN VACCINE	\$165.00	VA-8	
MENINGOCOCCAL VACCINE	\$100.00	VA-9	
MMR VACCINE	\$107.00	VA-10	
MUMPS VACCINE	\$45.00	VA-11	
PNEUMOCOCCAL VACCINE	\$45.00	VA-12	
RUBELLA VACCINE	\$33.00	VA-13	
RUBEOLA (PER INJECTION)	\$35.00	VA-14	
TETANUS DIPHTHERIA	\$35.00	VA-15	
HEPATITIS A (PER INJECTION)	\$135.00	VA-16	
VARICELLA (CHICKEN POX) (PER INJECTION)	\$162.00	VA-17	
HEPATITIS IMMUNE GLOBULIN (PER INJECTION)	\$376.00	VA-18	
BBFEXP-1 NELFANIVIR + LAMIV + ZIDOV (PER DAY)	\$37.84	BE-1	
BBFEXP-2 TENOFOVIR + LAMIV + ZIDOV (PER DAY)	\$29.56	BE-2	
BBFEXP-3 TENOFOVIR + COMBIVIER (PER DAY)	\$29.72	BE-3	
Miscellaneous Training, Education and Assessment (PER HOUR)	\$130.00	ED-1	

*** For any Customer Personnel being fit tested, the following shall apply:

1. OHC shall perform medical clearance services prior to fit testing.
2. Customer must provide a NIOSH-approved N-95 respirator for each Customer Personnel being fit tested. OHC will not fit test to a non-NIOSH-approved N-95 respirator. Customer Personnel will be fit tested for the specific mask (make and model) that is utilized during the fit testing encounter.

SCHEDULE B (CONTINUED)

SERVICE	COST	CODE	Check Services
WORKER COMPENSATION: IF NOT COVERED BY CARRIER EMPLOYER RESPONSIBLE	CHARGES VARY	WC	
SMAC 20	\$40.00	LA-7	
CBC	\$25.00	LA-8	
LIPID PROFILE (LDL, HDL, CHOL.)	\$62.00	LA-9	
SMAC with LIPID PROFILE (LDL, HDL, CHOL.)	\$70.00	LA-10	
HBsAb Titre	\$77.00	LA-11	
HBsAg Titre	\$77.00	LA-12	
HBeAg Titre	\$58.00	LA-37	
HBeAb Titre	\$58.00	LA-38	
HCVAb Titre	\$80.00	LA-13	
HEMOCCULT (each)	\$10.00	LA-14	
PROSTATE SPECIFIC ANTIGEN (PSA)	\$50.00	LA-15	
RUBELLA (GERMAN MEASLES)	\$45.00	LA-16	
RUBEOLA (MEASLES)	\$45.00	LA-17	
VARICELLA (CHICKEN POX)	\$50.00	LA-18	
MUMPS	\$55.00	LA 39	
MMRV TITER	\$110.00	LA-41	
HEPATITIS A	\$50.00	LA-40	
T3	\$36.00	LA-19	
T4	\$36.00	LA-20	
T3, T4, TSH	\$90.00	LA-21	
TRIGLYCERIDE	\$28.00	LA-22	
TSH	\$39.00	LA-23	
URINE DIPSTICK	\$20.00	LA-24	
URINALYSIS	\$25.00	LA-25	
URINALYSIS WITH MICROSCOPIC	\$28.00	LA-26	
URINE DRUG SCREEN (DOT – NON-DOT) 5 PANEL WITH MRO REVIEW	\$72.00	LA-27	
URINE DRUG SCREEN (DOT – NON-DOT) 10 PANEL WITH MRO REVIEW	\$90.00	LA-28	
WHOLE BLOOD PERCHLORELHYLENE	\$103.00	LA-30	
VDRL	\$30.00	LA-32	
THROAT C & S	\$39.00	LA-33	
STOOL OVA & PARASITES	\$40.00	LA-34	
STOOL C & S	\$40.00	LA-35	
URINE C & S	\$39.00	LA-36	
OFF-DUTY EVALUATION	\$100.00	FV-12	
RETURN TO WORK EVALUATION	\$100.00	FV-13	

SCHEDULE B (CONTINUED)

CHART REVIEW	\$50.00	FV-14	
DUPLICATING: COST PER SHEET	\$0.75	FC-1	
FORM COMPLETION (FC) INSURANCE COMPANIES	\$100.00	FC-2	
FC LAWYERS	\$100.00	FC-3	
FC COURT	\$100.00	FC-4	
FC SCHOOL	\$50.00	FC-5	
FC WORK	\$50.00	FC-6	
CHART OFFSITE STORAGE RETRIEVAL (PER CHART)	\$25.00	FC-7	
CHART STORAGE ONSITE (FOR INACTIVE EMPLOYEES) (PER CHART/PER YEAR)	\$5.00	FC-8	
FAXED FORMS: EMERGENCIES ONLY (ADDITIONAL CHARGE)	\$2.00	FC-9	
Minimal (10 – 20 minutes)	\$66.56	PE-5	
Focused (20 – 30 minutes)	\$89.44	PE-6	
Expanded (30 – 45 minutes)	\$140.40	PE-7	
Comprehensive (45- 60 minutes)	\$168.48	PE-8	
Complex (1 hour – 1 hour and 30 minutes)	\$224.64	PE-9	
Data Entry	\$25/hr		
OFFSITE SERVICES: \$75.00 per hour per clinical personnel 7:00 am to 5:00 pm Monday through Friday (in addition to cost for respective service)	\$75.00/hr	PE-10	

SCHEDULE "C"

QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES OWNED AND CONTROLLED BY WOMEN OR PERSONS OF COLOR

As part of the County's program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in County contracts, and in furtherance of Section 308.01 of the Laws of Westchester County, completion of this form is required.

A "business enterprise owned and controlled by women or persons of color" means a business enterprise, including a sole proprietorship, limited liability partnership, partnership, limited liability company, or corporation, that either:

- 1.) meets the following requirements:
 - a. is at least 51% owned by one or more persons of color or women;
 - b. is an enterprise in which such ownership by persons of color or women is real, substantial and continuing;
 - c. is an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and
 - d. is an enterprise authorized to do business in this state which is independently owned and operated.
- 2.) is a business enterprise certified as a minority business enterprise ("MBE") or women business enterprise ("WBE") pursuant to Article 15-a of the New York State Executive Law and the implementing regulations, 9 New York Code of Rules and Regulations subtitle N Part 540 et seq., **OR**
- 3.) is a business enterprise certified as a small disadvantaged business concern pursuant to the Small Business Act, 15 U.S.C. 631 et seq., and the relevant provisions of the Code of Federal Regulations as amended.

Please note that the term "persons of color", as used in this form, means a United States citizen or permanent resident alien who is and can demonstrate membership of one of the following groups:

- (a) Black persons having origins in any of the Black African racial groups;
- (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race;
- (c) Native American or Alaskan native persons having origins in any of the original peoples of North America; or
- (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

1. Are you a business enterprise owned and controlled by women or persons of color in accordance with the standards listed above?

_____ No

_____ Yes

Please note: If you answered "yes" based upon certification by New York State and/or the Federal government, official documentation of the certification must be attached.

2. If you answered "Yes" above, please check off below whether your business enterprise is owned and controlled by women, persons of color, or both.

_____ Women

_____ Persons of Color (*please check off below all that apply*)

_____ Black persons having origins in any of the Black African racial groups

_____ Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race

_____ Native American or Alaskan native persons having origins in any of the original peoples of North America

_____ Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands

[NO FURTHER TEXT ON THIS PAGE]

SCHEDULE "D"

REQUIRED DISCLOSURE OF RELATIONSHIPS TO COUNTY

- 1.) Are any of the employees that the Contractor will use to carry out this contract also a County officer or employee, or the spouse, child, or dependent of a County officer or employee?

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

- 2.) Are any of the owners of the Contractor or their spouses a County officer or employee?

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

- 3.) Do any County officers or employees have an interest in the Contractor or in any approved subcontractor that will be used for this contract?

Yes _____ No _____

If yes, please provide details (attach extra pages, if necessary): _____

[NO FURTHER TEXT ON THIS PAGE]

¹ "Interest" means a direct or indirect pecuniary or material benefit accruing to a County officer or employee, his/her spouse, child or dependent, whether as the result of a contract with the County or otherwise. For the purpose of this form, a County officer or employee shall be deemed to have an "interest" in the contract of:

- 1.) His/her spouse, children and dependents, except a contract of employment with the County;
- 2.) A firm, partnership or association of which such officer or employee is a member or employee;
- 3.) A corporation of which such officer or employee is an officer, director or employee; and
- 4.) A corporation of which more than five (5) percent of the outstanding capital stock is owned by any of the aforesaid parties.

SCHEDULE "E"

Westchester County Vendor Direct Program Frequently Asked Questions

1. WHAT ARE THE BENEFITS OF THE ELECTRONIC FUNDS TRANSFER (EFT) ASSOCIATED WITH THE VENDOR DIRECT PROGRAM?

There are several advantages to having your payments automatically deposited into your designated bank account via EFT:

Payments are secure – Paper checks can be lost in the mail or stolen, but money deposited directly into your bank account is more secure.

You save time – Money deposited into your bank account is automatic. You save the time of preparing and delivering the deposit to the bank. Additionally, the funds are immediately available to you.

2. ARE MY PAYMENTS GOING TO BE PROCESSED ON THE SAME SCHEDULE AS THEY WERE BEFORE VENDOR DIRECT?

Yes.

3. HOW QUICKLY WILL A PAYMENT BE DEPOSITED INTO MY ACCOUNT?

Payments are deposited two business days after the voucher/invoice is processed. Saturdays, Sundays, and legal holidays are not considered business days.

4. HOW WILL I KNOW WHEN THE PAYMENT IS IN MY BANK ACCOUNT AND WHAT IT IS FOR?

Under the Vendor Direct program you will receive an e-mail notification two days prior to the day the payment will be credited to your designated account. The e-mail notification will come in the form of a remittance advice with the same information that currently appears on your check stub, and will contain the date that the funds will be credited to your account.

5. WHAT IF THERE IS A DISCREPANCY IN THE AMOUNT RECEIVED?

Please contact your Westchester County representative as you would have in the past if there were a discrepancy on a check received.

6. WHAT IF I DO NOT RECEIVE THE MONEY IN MY DESIGNATED BANK ACCOUNT ON THE DATE INDICATED IN THE E-MAIL?

In the unlikely event that this occurs, please contact the Westchester County Accounts Payable Department at 914-995-4708.

7. WHAT MUST I DO IF I CHANGE MY BANK OR MY ACCOUNT NUMBER?

Whenever you change any information or close your account a new Vendor Direct Payment Authorization Form must be submitted. Please contact the Westchester County Accounts Payable Department at 914-995-4708 and we will e-mail you a new form.

8. WHEN COMPLETING THE PAYMENT AUTHORIZATION FORM, WHY MUST I HAVE IT SIGNED BY A BANK OFFICIAL IF I DON'T INCLUDE A VOIDED CHECK?

This is to ensure the authenticity of the account being set up to receive your payments.



Westchester County • Department of Finance • Treasury Division

**Electronic Funds Transfer (EFT)
Vendor Direct Payment Authorization Form**Authorization is:
(check one)

- ☐ New
☐ Change
☐ No Change

INSTRUCTIONS: Please complete both sections of this Authorization form and attach a voided check. See the reverse for more information and instructions. If you previously submitted this form and there is no change to the information previously submitted, ONLY complete lines 1 through 6 of section 1.

Section I - Vendor Information

1. Vendor Name:		
2. Taxpayer ID Number or Social Security Number:		
3. Vendor Primary Address		
4. Contact Person Name:		
Contact Person Telephone Number:		
5. Vendor E-Mail Addresses for Remittance Notification:		
6. Vendor Certification: <i>I have read and understand the Vendor Direct Payment Program and hereby authorize payments to be received by electronic funds transfer into the bank that I designate in Section II. I further understand that in the event that an erroneous electronic payment is sent, Westchester County reserves the right to reverse the electronic payment. In the event that a reversal cannot be implemented, Westchester County will utilize any other lawful means to retrieve payments to which the payee was not entitled.</i>		
Authorized Signature	Print Name/Title	Date

Section II- Financial Institution Information

7. Bank Name:		
8. Bank Address:		
9. Routing Transit Number:	10. Account Type: (check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
11. Bank Account Number:	12. Bank Account Title:	
13. Bank Contact Person Name:	Telephone Number:	
14. FINANCIAL INSTITUTION CERTIFICATION (required ONLY if directing funds into a Savings Account OR if a voided check is not attached to this form): <i>I certify that the account number and type of account is maintained in the name of the vendor named above. As a representative of the named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown.</i>		
Authorized Signature	Print Name / Title	Date

(Leave Blank - to be completed by
Westchester County) - Vendor number assigned

Electronic Funds Transfer (EFT) Vendor Direct Payment Authorization Form

GENERAL INSTRUCTIONS

Please complete both sections of the Vendor Direct Payment Authorization Form and forward the completed form (along with a voided check for the account to which you want your payments credited) to: Westchester County Department of Finance, 148 Martine Ave, Room 720, White Plains, NY 10601, Attention: Vendor Direct. Please see item 14 below regarding attachment of a voided check.

Section I - VENDOR INFORMATION

1. Provide the name of the vendor as it appears on the W-9 form.
2. Enter the vendor's Taxpayer ID number or Social Security Number as it appears on the W-9 form.
3. Enter the vendor's complete primary address (not a P.O. Box).
4. Provide the name and telephone number of the vendor's contact person.
5. Enter the business e-mail address for the remittance notification. **THIS IS VERY IMPORTANT.** This is the e-mail address that we will use to send you notification and remittance information two days prior to the payment being credited to your bank account. We suggest that you provide a group mailbox (if applicable) for your e-mail address. You may also designate multiple e-mail addresses.
6. Please have an authorized Payee/Company official sign and date the form and include his/her title.

Section II - FINANCIAL INSTITUTION INFORMATION

7. Provide bank's name.
8. Provide the complete address of your bank.
9. Enter your bank's 9 digit routing transit number.
10. Indicate the type of account (check one box only).
11. Enter the vendor's bank account number.
12. Enter the title of the vendor's account.
13. Provide the name and telephone number of your bank contact person.
14. If you are directing your payments to a Savings Account OR you can not attach a voided check for your checking account, this line needs to be completed and signed by an authorized bank official. **IF YOU DO ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, YOU MAY LEAVE THIS LINE BLANK.**